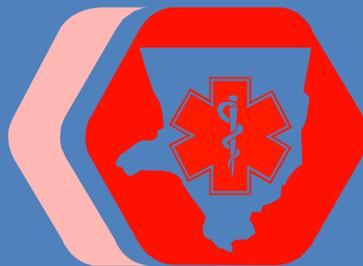


# EMS REPORT FORM INSTRUCTION MANUAL

*REVISED:  
April 2016*



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY



**LANCET TECHNOLOGY**  
Innovative Data Solutions





# TABLE OF CONTENTS

<b>INCIDENT INFORMATION</b> .....	<b>7</b>
SEQUENCE NUMBER .....	8
ORIG. SEQ. #.....	9
DATE.....	10
INC #.....	11
JUR STA .....	12
PD & UNIT #.....	13
MCI?.....	14
RUN TYPE .....	15
PG 2 .....	16
STREET NUMBER .....	17
STREET .....	18
APT # .....	19
CITY.....	20
INCIDENT ZIP CODE .....	22
PROV .....	23
A/B/H.....	25
UNIT .....	26
DISP.....	27
ARRIVAL.....	28
AT PT .....	29
LEFT .....	30
AT FAC .....	31
FAC EQUIP .....	32
AVAIL.....	33
TEAM MEMBER ID .....	34
<b>PATIENT ASSESSMENT</b> .....	<b>35</b>
PATIENT NUMBER .....	36
TOTAL PATIENT NUMBER.....	37
# PTS TRANSPORTED .....	38
AGE.....	39
AGE UNIT .....	40
GENDER.....	41
WEIGHT.....	42
WEIGHT UNITS .....	43
PEDS COLOR CODE .....	44
DISTRESS LEVEL .....	45
COMPLAINT .....	46
MECHANISM OF INJURY .....	50
TIME EXTRICATED.....	52
<b>GCS/MLAPSS/LAMS</b> .....	<b>53</b>
GLASGOW COMA SCALE- TIME .....	54
EYE .....	55
VERBAL.....	56
MOTOR.....	57
GCS TOTAL.....	58
NORMAL FOR PATIENT/AGE .....	59
MLAPSS?.....	60
LAST KNOWN WELL DATE .....	61
LAST KNOWN WELL TIME .....	62
LAST KNOW WELL DATE AND TIME UNKNOWN .....	63
FACIAL DROOP .....	64
ARM DRIFT.....	65
GRIP STRENGTH.....	66
TOTAL SCORE.....	67
<b>THERAPIES</b> .....	<b>68</b>

THERAPIES.....	69
TM #.....	71
<b>TRANSPORT .....</b>	<b>72</b>
BASE.....	73
PROTOCOL.....	74
REC FAC .....	75
VIA .....	78
TRANS TO.....	79
REASON.....	80
AMA? .....	81
CODE 3?.....	82
<b>PATIENT INFORMATION .....</b>	<b>83</b>
LAST NAME.....	84
FIRST NAME .....	85
MI .....	86
DOB .....	87
PHONE .....	88
STREET NUMBER .....	89
STREET NAME.....	90
APT # .....	91
CITY .....	92
PATIENT STATE .....	94
PATIENT ZIP CODE .....	95
MILEAGE .....	96
INSURANCE.....	97
HOSPITAL ID.....	98
PMD NAME.....	99
PARTIAL SS # (LAST 4 DIGITS).....	100
<b>COMMENTS .....</b>	<b>101</b>
COMMENT SECTION.....	102
O/P,Q,R,S,T .....	103
HX .....	104
ALLERGIES .....	105
MEDS.....	106
SEDs IN PAST 48 HRS.....	107
<b>PHYSICAL SIGNS.....</b>	<b>108</b>
PUPILS .....	109
RESP .....	110
SKIN.....	111
FIRST 12 LEAD TIME .....	112
SOFTWARE INTERPRETATION .....	113
EMS INTERPRETATION .....	114
ARTIFACT .....	115
WAVY BASELINE .....	116
PACED RHYTHM .....	117
TRANSMITTED? .....	118
SECOND 12 LEAD TIME .....	119
SOFTWARE INTERPRETATION .....	120
EMS INTERPRETATION .....	121
ARTIFACT .....	122
WAVY BASELINE .....	123
PACED RHYTHM .....	124
TRANSMITTED? .....	125
<b>SPECIAL CIRCUMSTANCES.....</b>	<b>126</b>
DNR/AHCD/POLST? .....	127
SUSPECTED ETOH? .....	128

SUSPECTED DRUGS? .....	129
SUSPECTED ABUSE? .....	130
POISON CONTROL CONTACTED? .....	131
≥ 20 WKS IUP? .....	132
_ WKS .....	133
BARRIERS TO PATIENT CARE .....	134
<b>CARDIAC ARREST .....</b>	<b>135</b>
ARREST/ REASON FOR WITHHOLDING RESUSCITATION .....	136
<b>VITAL SIGNS .....</b>	<b>138</b>
TIME .....	139
TM # .....	140
BLOOD PRESSURE .....	141
PULSE .....	142
RR .....	143
O2 SAT .....	144
PAIN .....	145
CO2 .....	146
<b>MEDICATION/ DEFIBRILLATION .....</b>	<b>147</b>
TIME .....	148
TM # .....	149
RHYTHM .....	150
MEDS/DEFIB .....	151
DOSE .....	152
ROUTE .....	153
RESULT .....	154
<b>TRANSFER OF CARE .....</b>	<b>155</b>
CONDITION ON TRANSFER .....	156
MORPHINE .....	157
MIDAZOLAM .....	158
FENTANYL .....	159
TOTAL IV FLUIDS RECEIVED .....	160
CARE TRANSFERRED TO .....	161
TRANSFER VS TIME .....	162
TM # .....	163
BP .....	164
PULSE .....	165
RR .....	166
O2 SAT .....	167
CO2 .....	168
RHYTHM .....	169
CPAP PRESSURE .....	170
GCS E .....	171
GCS V .....	172
GCS M .....	173
GCS TOTAL .....	174
SIGNATURE TM COMPLETING FORM .....	175
<b>ADVANCED LIFE SUPPORT CONTINUATION FORM .....</b>	<b>176</b>
INCIDENT INFORMATION SECTION .....	177
VITAL SIGNS AND MEDICATION/DEFIB SECTION .....	178
REASON FOR ADVANCED AIRWAY .....	179
PM # .....	180
SUCCESS .....	181
TIME ET/ETC START .....	182
TIME ET/ETC SUCCESS .....	183
ETT SIZE .....	184
DIFFICULT AIRWAY TECHNIQUES .....	185

TUBE PLACEMENT MARK AT TEETH .....	186
COMPLICATION(S) DURING TUBE PLACEMENT .....	187
INITIAL ADVANCED AIRWAY PLACEMENT CONFIRMATION .....	188
CAPNOGRAPHY MEASUREMENT .....	189
EtCO <sub>2</sub> DETECTOR COLORIMETRIC .....	190
WAVEFORM CAPNOGRAPHY .....	191
<b>ONGOING ADVANCED AIRWAY PLACEMENT CONFIRMATION .....</b>	<b>192</b>
ONGOING VERIFICATION TIME .....	193
ONGOING VERIFICATION VALUE .....	194
TIME CARE TRANSFERRED .....	195
CO <sub>2</sub> .....	196
O <sub>2</sub> SAT .....	197
SPONTANEOUS RESPIRATIONS .....	198
<b>REASON ALS AIRWAY UNABLE .....</b>	<b>199</b>
REASON(S) ALS AIRWAY UNABLE .....	200
<b>CARDIAC ARREST/ RESUSCITATION .....</b>	<b>201</b>
PULSES WITH CPR BY EMS .....	202
RESTORATION OF PULSE TIME .....	203
PRONOUNCED TIME .....	204
PRONOUNCED BY .....	205
PRONOUNCED RHYTHM .....	206
COMMENTS .....	207
<b>VERIFICATION OF TUBE PLACEMENT .....</b>	<b>208</b>
RECEIVING FACILITY .....	209
VERIFICATION TECHNIQUE(S) .....	211
PATIENT DISPOSITION .....	212
PLACEMENT .....	213
SIGNED VERIFICATION .....	214
<b>MULTIPLE CASUALTY INCIDENT (MCI) FORM .....</b>	<b>215</b>
INCIDENT INFORMATION SECTION .....	216
PATIENT ASSESSMENT SECTION .....	217
TREATMENT .....	218
AMA .....	219
TRANSPORT SECTION .....	220

## **INCIDENT INFORMATION**

# SEQUENCE NUMBER

---

## Definition

Unique, alphanumeric EMS record number found pre-printed at the top right corner of EMS Report Form hard copies or electronically assigned to ePCRs by the EMS provider's electronic capture device

## Field Values

- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if an approved ePCR provider

## Additional Information

- **REQUIRED** for all records
- This is a unique number to the EMS Agency and must be provided to create a unique record ID within the EMS Database

## Uses

- Unique patient identifier
- Essential link between other EMS Agency databases

## Data Source Hierarchy

- EMS Report Form
- Auto-generated by the EMS provider's electronic capture device

## ORIG. SEQ. #

---

### **Definition**

Unique, alphanumeric EMS record number found pre-printed at the top right corner of EMS Report Form hard copies or electronically assigned to ePCRs by the EMS provider's electronic capture device utilized by the originating provider

### **Field Values**

- Consists of two letters and six digits on pre-printed EMS Report Forms or two letters, ten digits if an approved ePCR provider

### **Additional Information**

- Utilized when there is more than one provider and more than one EMS Report Form is started. This sequence number is to be utilized for all communications, e.g. Base Hospital contact

### **Uses**

- Unique patient identifier
- Essential link between other EMS Agency databases

### **Data Source Hierarchy**

- EMS Report Form
- Auto-generated by the EMS provider's electronic capture device

# DATE

---

## **Definition**

Date provider was notified of the incident

## **Field Values**

- Collected as MMDDYYYY

## **Uses**

- Establishes care intervals and incident timelines

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS provider

# INC #

---

## **Definition**

The incident number assigned by the 911 or Dispatch Center

## **Field Values**

- Free text

## **Additional Information**

- Numeric values only

## **Uses**

- Allows for data sorting and incident tracking

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center

# JUR STA

---

## **Definition**

The fire station in whose jurisdiction the incident occurred

## **Field Values**

- Up to three-digit numeric value

## **Uses**

- Incident tracking
- Epidemiological statistics

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS Provider

## PD & UNIT #

---

### **Definition**

The abbreviation and unit number/designation of the law enforcement agency on scene

### **Field Values**

- Free text

### **Additional Information**

- If multiple police departments/units are on scene, document the police department/unit in charge
- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.

### **Uses**

- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS Provider

# MCI?

---

## **Definition**

Field indicating whether or not the incident involved three or more patients

## **Field Values**

- **Y:** Yes
- **N:** No

## **Additional Information**

- Field is autofilled with “N” unless changed by user to “Y”

## **Uses**

- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS Provider

# RUN TYPE

---

## Definition

Checkbox indicating the level of service required of the provider

## Field Values

- **Regular Run:** Incident where patient contact is made- excludes IFTs, Public Assist, and DOAs
- **No Patient:** Includes when the unit has a false alarm, is canceled in route, or situations where no patient is found
- **Cx at Scene:** Responding unit is canceled upon arrival by provider already on scene, no patient contact is made
- **Public Assist:** Response to a request for lifting assistance (bed to chair, chair to bed, car to home, etc.) where patient has no evidence of an illness or injury
- **IFT:** Incident where patient is transferred via ALS from one acute care facility to another
- **DOA:** Patient is determined to be dead per Los Angeles County Prehospital Care Manual Reference 814
- **FireLine:** Incident where patient contact is made during FireLine Paramedic (FEMP), FireLine EMT (FEMT), or strike team assessment unit deployment

## Additional Information

- If Run Type is **R** then the following data elements are **REQUIRED**:
  - Complaint
  - Team Member ID
  - Patient Last Name
- If Run Type is **D** then the following data elements are **REQUIRED**:
  - Complaint= **DO**
  - Time of 814 death
  - Exact 814 criteria the patient met

## Uses

- System evaluation and monitoring
- Establishes system participants' roles and responsibilities

## Data Source Hierarchy

- EMS Provider
- Auto-generated by the EMS Provider's software

### Definition

Checkbox indicating that a Page 2 Advanced Life Support Continuation Form was needed to complete the EMS report for the patient

### Field Values

- **Y** Yes
- **N** No

### Additional Information

- The ALS Continuation Form is **REQUIRED** when an advanced airway is attempted, when resuscitation is initiated, or when a patient is pronounced dead by the base hospital physician
- May also be used when additional space is needed to clearly document care
- Must be securely attached to the EMS Report Form and copies distributed in accordance with Los Angeles County Prehospital Care Manual, References 607 and 610

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider
- Auto-generated by the EMS Provider's software

# STREET NUMBER

---

## Definition

The street number of the incident location

## Field Values

- Free text

## Uses

- Incident tracking
- Epidemiological statistics

## Additional Information

- **Required** for every response
- For freeway incidents give the freeway number, direction, and nearest on/off ramp

## Data Source Hierarchy

- 9-1-1 or Dispatch Center

# STREET

---

## Definition

The name of the street where the incident occurred

## Field Values

- Free text

## Uses

- Incident tracking
- Epidemiological statistics

## Additional Information

- **Required** for every response

## Data Source Hierarchy

- 9-1-1 or Dispatch Center

## APT #

---

### **Definition**

The apartment number of the incident location

### **Field Values**

- Free text

### **Uses**

- Incident tracking
- Epidemiological statistics

### **Additional Information**

- **Required** for every response

### **Data Source Hierarchy**

- 9-1-1 or Dispatch Center

# CITY

## Definition

The city code of the incident location

## Field Values

<b>AA</b>	Arleta	<b>CR</b>	Crenshaw	<b>HY</b>	Hyde Park
<b>AC</b>	Acton	<b>CS</b>	Castaic	<b>IG</b>	Inglewood
<b>AD</b>	Altadena	<b>CT</b>	Century City	<b>IN</b>	City of Industry
<b>AE</b>	Arlington Heights	<b>CU</b>	Cudahy	<b>IR</b>	Irwindale
<b>AG</b>	Agua Dulce	<b>CV</b>	Covina	<b>JH</b>	Juniper Hills
<b>AH</b>	Agoura Hills	<b>CY</b>	Cypress Park	<b>JP</b>	Jefferson Park
<b>AL</b>	Alhambra	<b>DB</b>	Diamond Bar	<b>KG</b>	Kagel Canyon
<b>AN</b>	Athens	<b>DO</b>	Downey	<b>KO</b>	Koreatown
<b>AO</b>	Avocado Heights	<b>DS</b>	Del Sur	<b>LA</b>	Los Angeles
<b>AR</b>	Arcadia	<b>DU</b>	Duarte	<b>LB</b>	Long Beach
<b>AT</b>	Artesia	<b>DZ</b>	Dominguez	<b>LC</b>	La Canada Flintridge
<b>AV</b>	Avalon	<b>EL</b>	East Los Angeles	<b>LD</b>	Ladera Heights
<b>AW</b>	Atwater Village	<b>EM</b>	El Monte	<b>LE</b>	Leona Valley
<b>AZ</b>	Azusa	<b>EN</b>	Encino	<b>LF</b>	Los Feliz
<b>BA</b>	Bel Air Estates	<b>EO</b>	El Sereno	<b>LG</b>	Lake Hughes
<b>BC</b>	Bell Canyon	<b>EP</b>	Echo Park	<b>LH</b>	La Habra Heights
<b>BE</b>	Bellflower	<b>ER</b>	Eagle Rock	<b>LI</b>	Little Rock
<b>BG</b>	Bell Gardens	<b>ES</b>	El Segundo	<b>LK</b>	Lakewood
<b>BH</b>	Beverly Hills	<b>EV</b>	Elysian Valley	<b>LL</b>	Lake Los Angeles
<b>BK</b>	Bixby Knolls	<b>EZ</b>	East Rancho Dominguez	<b>LM</b>	La Mirada
<b>BL</b>	Bell	<b>FA</b>	Fairmont	<b>LN</b>	Lawndale
<b>BN</b>	Baldwin Hills	<b>FL</b>	Florence County	<b>LO</b>	Lomita
<b>BO</b>	Bouquet Canyon	<b>FO</b>	Fair Oaks Ranch	<b>LP</b>	La Puente
<b>BP</b>	Baldwin Park	<b>GA</b>	Gardena	<b>LQ</b>	LAX
<b>BR</b>	Bradbury	<b>GF</b>	Griffith Park	<b>LR</b>	La Crescenta
<b>BS</b>	Belmont Shore	<b>GH</b>	Granada Hills	<b>LS</b>	Los Nietos
<b>BT</b>	Bassett	<b>GK</b>	Glenoaks	<b>LT</b>	Lancaster
<b>BU</b>	Burbank	<b>GL</b>	Glendale	<b>LU</b>	Lake Hughes
<b>BV</b>	Beverly Glen	<b>GO</b>	Gorman	<b>LV</b>	La Verne
<b>BX</b>	Box Canyon	<b>GP</b>	Glassell Park	<b>LW</b>	Lake View Terrace
<b>BW</b>	Brentwood	<b>GR</b>	Green Valley	<b>LX</b>	Lennox
<b>BY</b>	Boyle Heights	<b>GV</b>	Glenview	<b>LY</b>	Lynwood
<b>BZ</b>	Byzantine-Latino Quarter	<b>GW</b>	Glendora	<b>LZ</b>	Lake Elizabeth
<b>CA</b>	Carson	<b>HA</b>	Hawthorne	<b>MA</b>	Malibu
<b>CB</b>	Calabasas	<b>HB</b>	Hermosa Beach	<b>MB</b>	Manhattan Beach
<b>CC</b>	Culver City	<b>HC</b>	Hacienda Heights	<b>MC</b>	Malibu Beach
<b>CE</b>	Cerritos	<b>HE</b>	Harvard Heights	<b>MD</b>	Marina Del Rey
<b>CH</b>	Chatsworth	<b>HG</b>	Hawaiian Gardens	<b>ME</b>	Monte Nido
<b>CI</b>	Chinatown	<b>HH</b>	Hidden Hills	<b>MG</b>	Montecito Heights
<b>CK</b>	Charter Oak	<b>HI</b>	Highland Park	<b>MH</b>	Mission Hills
<b>CL</b>	Claremont	<b>HK</b>	Holly Park	<b>MI</b>	Mint Canyon
<b>CM</b>	Compton	<b>HO</b>	Hollywood	<b>ML</b>	Malibu Lake
<b>CN</b>	Canyon Country	<b>HP</b>	Huntington Park	<b>MM</b>	Miracle Mile
<b>CO</b>	Commerce	<b>HR</b>	Harbor City	<b>MN</b>	Montrose
<b>CP</b>	Canoga Park	<b>HV</b>	Hi Vista	<b>MO</b>	Montebello

<b>MP</b>	Monterey Park	<b>RH</b>	Rolling Hills	<b>TI</b>	Terminal Island
<b>MR</b>	Mar Vista	<b>RK</b>	Rancho Park	<b>TJ</b>	Tujunga
<b>MS</b>	Mount Wilson	<b>RM</b>	Rosemead	<b>TL</b>	Toluca Lake
<b>MT</b>	Montclair	<b>RO</b>	Rowland Heights	<b>TO</b>	Torrance
<b>MU</b>	Mount Olympus	<b>RP</b>	Rancho Palos Verdes	<b>TP</b>	Topanga
<b>MV</b>	Monrovia	<b>RS</b>	Reseda	<b>TR</b>	Three Points
<b>MW</b>	Maywood	<b>RV</b>	Rampart Village	<b>TT</b>	Toluca Terrace
<b>MY</b>	Metler Valley	<b>RW</b>	Rosewood	<b>UC</b>	Universal City
<b>NA</b>	Naples	<b>SA</b>	Saugus	<b>UP</b>	University Park
<b>NE</b>	Newhall	<b>SB</b>	Sandberg	<b>VA</b>	Valencia
<b>NH</b>	North Hollywood	<b>SC</b>	Santa Clara	<b>VC</b>	Venice
<b>NN</b>	Neenach	<b>SD</b>	San Dimas	<b>VE</b>	Vernon
<b>NO</b>	Norwalk	<b>SE</b>	South El Monte	<b>VG</b>	Valley Glen
<b>NR</b>	Northridge	<b>SF</b>	San Fernando	<b>VI</b>	Valley Village
<b>NT</b>	North Hills	<b>SG</b>	San Gabriel	<b>VL</b>	Valinda
<b>OP</b>	Ocean Park	<b>SH</b>	Signal Hill	<b>VN</b>	Van Nuys
<b>OT</b>	Other	<b>SI</b>	Sierra Madre	<b>VV</b>	Val Verde
<b>PA</b>	Pasadena	<b>SJ</b>	Silver Lake	<b>VW</b>	View Park
<b>PB</b>	Pearblossom	<b>SK</b>	Sherman Oaks	<b>VY</b>	Valyermo
<b>PC</b>	Pacoima	<b>SL</b>	Sun Valley	<b>WA</b>	Walnut
<b>PD</b>	Palmdale	<b>SM</b>	Santa Monica	<b>WB</b>	Willowbrook
<b>PE</b>	Pacific Palisades	<b>SN</b>	San Marino	<b>WC</b>	West Covina
<b>PH</b>	Pacific Highlands	<b>SO</b>	South Gate	<b>WE</b>	West Hills
<b>PI</b>	Phillips Ranch	<b>SP</b>	South Pasadena	<b>WG</b>	Wilsona Gardens
<b>PL</b>	Playa Vista	<b>SQ</b>	Sleepy Valley	<b>WH</b>	West Hollywood
<b>PM</b>	Paramount	<b>SR</b>	San Pedro	<b>WI</b>	Whittier
<b>PN</b>	Panorama City	<b>SS</b>	Santa Fe Springs	<b>WK</b>	Winnetka
<b>PO</b>	Pomona	<b>ST</b>	Santa Clarita	<b>WL</b>	Woodland Hills
<b>PP</b>	Palos Verdes Peninsula	<b>SU</b>	Sunland	<b>WM</b>	Wilmington
<b>PR</b>	Pico Rivera	<b>SV</b>	Stevenson Ranch	<b>WN</b>	Windsor Hills
<b>PS</b>	Palms	<b>SW</b>	Sawtelle	<b>WO</b>	Westlake
<b>PT</b>	Porter Ranch	<b>SX</b>	South Central County	<b>WP</b>	Walnut Park
<b>PV</b>	Palos Verdes Estates	<b>SY</b>	Sylmar	<b>WR</b>	Westchester
<b>PY</b>	Playa Del Rey	<b>SZ</b>	Studio City	<b>WS</b>	Windsor Square
<b>QH</b>	Quartz Hill	<b>TA</b>	Tarzana	<b>WT</b>	Watts
<b>RB</b>	Redondo Beach	<b>TC</b>	Temple City	<b>WV</b>	Westlake Village
<b>RC</b>	Roosevelt Corner	<b>TD</b>	Tropico	<b>WW</b>	Westwood
<b>RD</b>	Rancho Dominguez	<b>TE</b>	Topanga State Park		
<b>RE</b>	Rolling Hills Estates	<b>TH</b>	Thousand Oaks		

### Uses

- Incident tracking
- Epidemiological statistics
- System evaluation and monitoring

### Additional Information

- **Required** for every response
- City codes are found on the back of the yellow copy

### Data Source Hierarchy

- 9-1-1 or Dispatch Center
- EMS Provider

# INCIDENT ZIP CODE

---

## Definition

The zip code of the incident location

## Field Values

- Five-digit numeric value

## Uses

- Incident tracking
- Epidemiological statistics
- System monitoring

## Additional Information

- **Required** for every response

## Data Source Hierarchy

- 9-1-1 or Dispatch Center

# PROV

## Definition

Two-letter provider code of the agency (or agencies) responding to the incident

## Field Values

<b>AA</b>	American Professional Ambulance Corp.	<b>ES</b>	El Segundo Fire	<b>PT</b>	Priority One
<b>AC</b>	Americare Ambulance Service	<b>EX</b>	Explorer 1 Ambulance & Medical Services	<b>RB</b>	Redondo Beach Fire
<b>AD</b>	AmeriPride Ambulance	<b>FS</b>	U.S. Forest Service	<b>RE</b>	REACH Air Medical Service
<b>AE</b>	Aegis Ambulance Service	<b>GC</b>	Gentle Care Transport	<b>RO</b>	Rescue One Ambulance
<b>AF</b>	Arcadia Fire	<b>GL</b>	Glendale Fire	<b>RR</b>	Rescue Services (Medic-1)
<b>AH</b>	Alhambra Fire	<b>GR</b>	Gentle Ride Ambulance	<b>RY</b>	Royalty Ambulance
<b>AM</b>	Adult Medical Transportation	<b>GU</b>	Guardian Ambulance Service	<b>SA</b>	San Marino Fire
<b>AN</b>	Antelope Ambulance Service	<b>HB</b>	Hermosa Beach Fire	<b>SB</b>	San Bernardino County Provider
<b>AR</b>	American Medical Response	<b>IA</b>	Impulse Ambulance	<b>SC</b>	Schaefer Ambulance
<b>AT</b>	All Town Ambulance, LLC	<b>LB</b>	Long Beach Fire	<b>SG</b>	San Gabriel Fire
<b>AU</b>	AmbuServe Ambulance	<b>LH</b>	La Habra Heights Fire	<b>SI</b>	Sierra Madre Fire
<b>AV</b>	Avalon Fire	<b>LT</b>	Liberty Ambulance	<b>SM</b>	Santa Monica Fire
<b>AW</b>	AMWest Ambulance	<b>LV</b>	La Verne Fire	<b>SP</b>	South Pasadena Fire
<b>BA</b>	Burbank Airport Fire	<b>MA</b>	Mauran Ambulance	<b>SS</b>	Santa Fe Springs Fire
<b>BF</b>	Burbank Fire	<b>MB</b>	Manhattan Beach Fire	<b>SY</b>	Symons Ambulance
<b>BH</b>	Beverly Hills Fire			<b>TF</b>	Torrance Fire
<b>BO</b>	Bowers Companies, Inc.	<b>MF</b>	Monrovia Fire	<b>TL</b>	TransLife, Inc.
<b>CA</b>	CARE Ambulance	<b>MI</b>	MedResponse, Inc.	<b>TR</b>	Trinity Ambulance
<b>CB</b>	LA County Beaches	<b>ML</b>	Med-Life Ambulance Service, Inc.	<b>UC</b>	UCLA Emergency Services
<b>CC</b>	Culver City Fire	<b>MO</b>	Montebello Fire	<b>UF</b>	Upland Fire
<b>CF</b>	LA County Fire	<b>MP</b>	Monterey Park Fire	<b>VE</b>	Ventura County Fire
<b>CG</b>	US Coast Guard	<b>MR</b>	MedReach Ambulance	<b>VF</b>	Vernon Fire
<b>CI</b>	LA City Fire	<b>MS</b>	Medi-Star Transport	<b>WC</b>	West Covina Fire
<b>CM</b>	Compton Fire	<b>MT</b>	MedCoast Ambulance	<b>WE</b>	Westcoast Ambulance
<b>CS</b>	LA County Sheriff	<b>MY</b>	Mercy Air	<b>WM</b>	West Med/McCormick Ambulance Service
<b>DF</b>	Downey Fire	<b>OC</b>	Orange County Provider	<b>OT</b>	Other Provider
<b>EA</b>	Emergency Ambulance	<b>PF</b>	Pasadena Fire		
<b>EL</b>	Elite Ambulance	<b>PN</b>	PRN Ambulance, Inc.		

## Additional Information

- Law enforcement agencies are not considered EMS providers and therefore do not have a two-letter provider code. Please do not attempt to list them as a provider.
- Ambulance company codes are found on the back of the yellow copy

## Uses

- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS Provider
- Auto-generated by the EMS Provider's software

## A/B/H

---

### **Definition**

The highest capability of care for the responding provider unit

### **Field Values**

- **A:** ALS
- **B:** BLS
- **H:** Helicopter

### **Uses**

- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS Provider
- Auto-generated by the EMS Provider's software

# UNIT

---

## Definition

The unit letter and number designation for the responding provider unit

## Field Values

- Free text

## Additional Information

- Suggested unit prefixes:
  - AU: Assessment Unit
  - AT: Assessment Truck
  - AE: Assessment Engine
  - BK: Bike
  - BT: Boat
  - CT: Cart
  - HE: Helicopter
  - PE: Paramedic Engine
  - PT: Paramedic Truck
  - SQ: Squad (no transport capability)
  - RA: Rescue (can transport)

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider
- Auto-generated by the EMS Provider's software

# DISP

---

## **Definition**

Time of day the provider was notified by dispatch of the incident

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Uses**

- Establishes care intervals and incident timelines

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS provider

# ARRIVAL

---

## **Definition**

Time of day the responding unit arrived at the incident location

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Uses**

- Establishes care intervals and incident timelines

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS provider

# AT PT

---

## **Definition**

Time of day provider reached the patient at the incident location

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Additional Information**

- May differ from arrival at scene time
- Document in the Comments section the reason for an extended delay from arrival at scene to at patient times

## **Uses**

- Establishes care intervals and incident timelines

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS provider

# LEFT

---

## Definition

Time of day provider left the incident location with the patient

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Uses

- Establishes care intervals and incident timelines

## Data Source Hierarchy

- 9-1-1 or Dispatch Center
- EMS provider

# AT FAC

---

## **Definition**

Time of day the provider arrived at the receiving facility with the patient

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Uses**

- Establishes care intervals and incident timelines

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS provider

# FAC EQUIP

---

## Definition

Time of day the provider transferred the patient to hospital equipment

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- Field is used to calculate wall time, which is defined as the time from arrival in the ED to when patient is removed from the EMS gurney and placed on hospital equipment
- Hospital equipment may include a chair or gurney in triage or a treatment area
- Hospital equipment **does not** include using the hospital's vital sign machine to check the patient's vitals

## Uses

- Establishes care intervals and incident timelines

## Data Source Hierarchy

- EMS provider

# AVAIL

---

## **Definition**

Time of day the provider is available to return to service

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Uses**

- Establishes care intervals and incident timelines

## **Data Source Hierarchy**

- 9-1-1 or Dispatch Center
- EMS provider

# TEAM MEMBER ID

---

## **Definition**

The identification number of personnel involved in the patient's care

## **Field Values**

- Free text

## **Additional Information**

- The format used for Paramedics is "P" followed by the L.A. County issued accreditation number– example P1234
- The format used for EMTs is "E" followed by the CA certification number– example E12345

## **Uses**

- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS Provider

# **PATIENT ASSESSMENT**

# PATIENT NUMBER

---

## Definition

Number identifying the patient amongst the total number of patients involved in an incident

## Field Values

- Up to two-digit numeric value

## Additional Information

- If there is only one patient write “Pt.# 1 of 1”
- If there are two patients, and the patient is identified by the paramedics as the second patient, write “Pt.# 2 of 2”
- Patients who are not transported, such as DOAs and those who refuse transport, should also be assigned a number

## Uses

- Assists with patient identification and tracking
- Identifies multiple-patient incidents
- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider

# TOTAL PATIENT NUMBER

---

## Definition

The total number of patients involved in the incident

## Field Values

- Up to a two-digit numeric value

## Additional Information

- If there is only one patient write “Pt.# 1 of 1”
- If there are two patients, and the patient is identified by the paramedics as the second patient, write “Pt.# 2 of 2”
- Patients who are not transported, such as DOAs and those who refuse transport, should also be assigned a number

## Uses

- Assists with patient identification and tracking
- Identifies multiple-patient incidents
- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider

# # PTS TRANSPORTED

---

## **Definition**

The total number of patients transported from an incident

## **Field Values**

- Up to two-digit numeric value

## **Uses**

- Assists with patient identification and tracking
- Identifies multiple-patient incidents
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS Provider

# AGE

---

## Definition

Numeric value for the age (actual or best approximation) of the patient

## Field Values

- Up to three-digit numeric age value

## Additional Information

- **Required** for all patient contacts
- Must also indicate a unit of age
- If the age is estimated, mark the “Est.” checkbox

## Uses

- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

## Data Source Hierarchy

- EMS Provider
- Auto-generated by the EMS Provider’s software

# AGE UNIT

---

## Definition

Checkboxes indicating units of measurement used to report the age of the patient

## Field Values

- **Yrs:** Years – used for patients 2 years old or older
- **Mos:** Months – used for patients 1 month to 23 months old
- **Wks:** Weeks – used for patients whose age is reported in weeks instead of months
- **Days:** Days – used for patients 1 to 29 days old
- **Hrs:** Hours – used for patients who are newborn and up to 23 hours old

## Additional Information

- **Required** for all patient contacts
- If the age is estimated, mark the “Est.” checkbox

## Uses

- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

## Data Source Hierarchy

- EMS Provider

# GENDER

---

## Definition

Checkbox indicating the gender of the patient

## Field Values

- **M:** Male
- **F:** Female

## Additional Information

- Patients who are undergoing or have undergone a hormonal and/or surgical sex reassignment should be coded using their stated preference
- Patients unable to state their preference should be coded according to paramedic observation/judgment

## Uses

- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider

# WEIGHT

---

## Definition

Numeric value of the weight of the patient (either as stated or best approximation)

## Field Values

- Up to three-digit numeric value

## Additional Information

- **Required** for all patient contacts
- Must also indicate a unit of weight
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

## Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

## Data Source Hierarchy

- Patient
- Family member
- Caretaker
- EMS Provider

# WEIGHT UNITS

---

## Definition

Checkboxes indicating units of measurement used to report patient's weight

## Field Values

- **Lbs:** Pounds
- **Kg:** Kilograms

## Additional Information

- **Required** for all patient contacts
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the "Too Tall" checkbox, and obtain weight in estimated kilograms

## Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

## Data Source Hierarchy

- Patient
- Family member
- Caretaker
- EMS Provider

# PEDS COLOR CODE

---

## Definition

Color that corresponds with the length of an infant or child as measured on a length-based pediatric resuscitation tape

## Field Values

- Grey: **3, 4, or 5** kg (newborn infants)
- PInk: 6-7 kg (~3 -6 mos)
- Red: 8-9 kg (~7-10 mos)
- PUrple: 10-11 kg (~12-18 mos)
- Yellow: 12-14 kg (~19-35 mos)
- White: 15-18 kg (~3-4 yrs)
- Blue: 19-22 kg (~5-6 yrs)
- Orange: 24-28 kg (~7-9 yrs)
- GrEen: 30-36 kg, or about 80 lbs (~10-12 yrs)
- Too Tall: patient is longer than tape

## Additional Information

- **Required** for all pediatric ALS patients
- Document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the "Too Tall" checkbox, and obtain weight in estimated kilograms

## Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics
- System evaluation and monitoring

# DISTRESS LEVEL

---

## Definition

Checkboxes indicating the EMS providers' impression of the level of discomfort or severity of illness of the patient, based on assessment of signs, symptoms, and complaints

## Field Values

- **None:** The patient appears well and has no acute signs or symptoms related to the incident. Advanced life support techniques and transportation may not be necessary
- **Mild:** Indicates that the patient does not have a life-threatening problem. Advanced life support techniques and transportation may not be necessary
- **Moderate:** Patient may have a life-threatening problem, or the degree of patient discomfort is high. Advanced life support techniques, base hospital contact, and patient transportation are usually necessary
- **Severe:** Refers to a life-threatening condition. Advanced life support techniques, base hospital contact, and patient transportation are generally necessary

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider

# COMPLAINT

---

## Definition

Two-letter code(s) representing the patient's most significant medical or trauma complaints

## Field Values- Trauma Codes

- **No Apparent Injury (NA)**: No complaint, or signs or symptoms of injury following a traumatic event
- **BUrns/Elec. Shock (BU)**: Thermal or chemical burn, or electric shock
- **SBP <90 (<70 if under 1y) (90)**: Systolic blood pressure less than 90mmHg in a patient greater than one year of age (or systolic blood pressure less than 70mmHg in a patient less than one year of age) following a traumatic event
- **RR <10/>29 (<20 if <1y) (RR)**: A sustained respiratory rate greater than 29 breaths/minute, or respiratory rate of less than 10 breaths/minute (or less than 20 breaths/minute in a patient less than one year of age), following a traumatic event
- **Susp. Pelvic FX (SX)**: Suspected pelvic fracture, excluding isolated hip fractures from a ground level fall
- **Spinal Cord Injury (SC)**: Suspected spinal cord injury, or presence of weakness/paralysis/parasthesia following a traumatic event
- **Inpatient Trauma (IT)**: Interfacility transfer (IFT) of an admitted, injured patient from one facility to an inpatient bed at another facility, excluding ER to ER transfers
- **Minor Lacerations (BL or PL)**: Superficial or non-serious lacerations, abrasions, or contusions involving the skin or subcutaneous tissue, due to blunt or penetrating force
- **Trauma Arrest (BT or PT)**: Cessation of cardiac output and effective circulation due to blunt or penetrating force
- **Head (BH or PH)**: Injury to the head or skull in the area from above the eyebrows to behind the ears, due to blunt or penetrating force. This code can also be applied in association with facial injuries when it is likely that the brain is involved
- **GCS ≤14 (14)**: Blunt force head injury associated with a Glasgow Coma Scale score of less than or equal to 14. Code may also be used when a strong index of suspicion for blunt head injury exists due to mechanism of injury and/or signs or symptoms such as seizures, unequal pupils, or focal neurological deficits
- **Face/mouth (BF or PF)**: Injury to the anterior aspect of the face, mouth, or skull, from and including the eyebrows, down to and including the angle of the jaw and the ears, due to blunt or penetrating force
- **Neck (BN or PN)**: Injury or pain to the area between the angle of the jaw and clavicles (including probable cervical spine injuries) due to blunt or penetrating force
- **Back (BB or PB)**: Injury to the area from the shoulders to the buttocks (but not including the buttocks) due to blunt or penetrating force
- **Chest (BC or PC)**: Injury to the anterior chest in the area between the clavicle and the xyphoid process, bordered on either side by the posterior axillary line, due to blunt or penetrating force
- **Flail Chest (FC)**: Blunt force injury to the chest wall resulting in an unstable chest wall, characterized by paradoxical chest wall movement with respirations
- **Tension Pneum (BP or PP)**: Air enters the pleural space due to blunt or penetrating force, and creates pressure on chest organs. Signs and symptoms can include: SOB, tachypnea, decreased or absent lung sounds on one side, shock, neck vein distention, and/or tracheal deviation

- **Abdomen (BA or PA):** Injury to any of the abdominal quadrants, flanks, or pelvis due to blunt or penetrating force
- **Diffuse Abd. Tender. (BD):** Blunt force injury to the abdomen resulting in tenderness in two or more quadrants
- **Genitals/ButtockS (BG, BK, PG or PK):** Injury to the external reproductive structures or buttocks due to blunt or penetrating force
- **Extremities (BE or PE):** Injury or pain to the shoulders, arms, hands, legs, or feet due to blunt or penetrating force
- **EXtr ↑ knee/elbow (PX):** Penetrating force injury to an extremity, proximal to (above) the knee or elbow
- **FRactures ≥ 2 long bones (BR):** Blunt force injury resulting in apparent fracture of 2 or more proximal long bones (humerus, femur)
- **Amputatlon ↑ wrist/ankle (BI or PI):** Amputation proximal to (above) the wrist or ankle due to blunt or penetrating force
- **Neur/Vasc/Mangled (BV or PV):** Injury to an extremity with neurological and/or vascular compromise, or that is crushed, degloved, or mangled due to blunt or penetrating force

### Field Values – Medical Codes

- **Agitated Delirium (AD):** Acute onset of extreme agitation and combative or bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with unusual increase in human strength, and hyperthermia
- **Abd/Pelvic Pain (AP):** Pain or discomfort in the abdomen or pelvic region not associated with trauma
- **Allergic Reaction (AR):** Acute onset of rash, hives, itching, redness of the skin, runny nose, facial and/or airway swelling, wheezing, shortness of breath, and/or abdominal pain in apparent reaction to ingestion or contact with a substance. The patient may have been in contact with a known allergen (shellfish, milk products, etc.)
- **Altered LOC (AL):** Any state of arousal other than normal, such as confusion, lethargy, combativeness, coma, etc., not associated with trauma
- **Apneic Episode (AE):** Episode of cessation of respiration for a brief or prolonged period of time
- **Apparent Life Threatening Event (TE):** Also known as “ALTE” – any combination of transient apnea, color change, marked change in muscle tone, and choking and/or gagging in children less than 1yr of age, that is frightening to the observer
- **BEHavioral (EH):** Abnormal behavior of apparent mental or emotional origin
- **Bleeding Other Site (OS):** Bleeding from a site not elsewhere listed that is not associated with trauma (e.g. dialysis shunt)
- **Cardiac Arrest (CA):** Sudden cessation of cardiac output and effective circulation not associated with trauma
- **Chest Pain (CP):** Pain in the anterior chest occurring anywhere from the clavicles to the lower costal margins not associated with trauma
- **CHoking/Airway Obstruction (CH):** Acute onset of apnea, choking and/or difficulty breathing due to apparent partial or complete obstruction of the airway
- **Cough/Congestion (CC):** Cough and/or congestion in the chest, nasal passages, or throat
- **Device Complaint (DC):** Any complaint associated with a patient’s existing medical device (e.g. G-tube, AICD, ventilator, etc.)
- **Dizzy (DI):** The patient complains of sensation of spinning or feeling off-balance. If associated with complaint of weakness, code both complaints

- **DOA (DO):** Patient is determined to be dead upon arrival of EMS, as per the Prehospital Care Manual
- **DYsrhythmia (DY):** Cardiac monitor indicates an abnormal cardiac rhythm (SVT, VT, etc.)
- **FEver (FE):** Patient exhibits or complains of an elevated body temperature
- **Foreign Body (FB):** Patient complains of a foreign body anywhere in the body
- **GI Bleed (GI):** Signs or symptoms of gastrointestinal bleeding such as vomiting blood, coffee-ground emesis, melena, rectal bleeding, etc.
- **Head Pain (HP):** Headache or any other type of head pain not associated with trauma
- **HYpoglycemia (HY):** Patient is symptomatic and has a measured blood glucose level that is below normal
- **Inpatient Medical (IM):** Interfacility transfer (IFT) of an admitted, ill (not injured) patient from one facility to an inpatient bed at another facility
- **LABor (LA):** Patient is greater than 20 weeks pregnant, and experiencing signs or symptoms of labor such as uterine contractions, vaginal bleeding, spontaneous rupture of membranes, crowning, etc.
- **Local Neuro Signs (LN):** Weakness, numbness, or paralysis of a body part or region – including slurred speech, facial droop, and/or expressive aphasia
- **Nausea/Vomiting (NV):** Patient is vomiting, or complains of nausea and/or vomiting
- **Near Drowning (ND):** Submersion causing water inhalation, unconsciousness, or death
- **Neck/Back Pain (NB):** Pain in any area from base of skull and the shoulders to the buttocks not associated with trauma
- **NeWborn (NW):** Newborn infant delivered out of the hospital setting
- **No Medical Complaint (NC):** No complaint, or signs or symptoms of illness in a patient not involved in a traumatic event
- **NOsebleed (NO):** Bleeding from the nose, not associated with trauma
- **OBstetrics (OB):** Any complaints, signs, or symptoms which may be related to a known pregnancy (e.g., bleeding, abdominal pain/cramping, high blood pressure, edema, convulsions, severe headaches)
- **Other Pain (OP):** Complaint of pain at a site not listed, and which is not associated with trauma (e.g. toothache, ear pain, etc.)
- **OverDose (OD):** Ingestion of or contact with a drug or other substance in quantities greater than recommended or generally practiced
- **POisoning (PO):** Ingestion of or contact with a toxic substance
- **PalpitationS (PS):** Sensation that the heartbeat is irregular or fast
- **Respiratory Arrest (RA):** Sudden cessation of breathing not associated with trauma
- **SEizure (SE):** Convulsions or involuntary body movements or gaze (not associated with trauma), or signs, symptoms, or history of recent seizure
- **Shortness of Breath (SB):** Sensation of not being able to catch one's breath, and/or signs or symptoms of difficulty breathing such as gasping, wheezing, rapid respiratory rate, cyanosis, retractions, use of accessory muscles, etc.
- **SYncope (SY):** Transient loss of consciousness, including sensation of "near syncope" when other associated symptoms such as weakness/dizziness do not apply
- **VAginal Bleeding (VA):** Abnormal vaginal bleeding
- **WEakness (WE):** Patient complains of feeling weak, or exhibits signs or symptoms of decreased strength and/or muscle tone
- **OTHer (OT):** Signs or symptoms not listed above, that are not associated with trauma

### **Additional Information**

- OT (Other) is **never** the first complaint if there is a defined complaint
- If the patient has multiple complaints, enter in order of significance
- Patient's with a mechanism of injury documented must also have a trauma chief complaint code documented – and vice versa
- Medical complaints should not be documented with trauma complaints, unless it is suspected that a medical complaint preceded/caused the injury, or vice versa (e.g., chest pain/dizziness that caused an MVA, or seizure activity following a blow to the head.) Do not document a medical complaint such as "HP" (head pain) if the pain is due to a gunshot wound to the head – instead use only the trauma code of "PH."

### **Uses**

- System evaluation and monitoring
- Epidemiological statistics

### **Data Source Hierarchy**

- EMS Provider

# MECHANISM OF INJURY

---

## Definition

Checkboxes indicating how the patient was injured

## Field Values

- Protective Devices – **HeLmet (HL)**: The patient riding on an unenclosed motorized vehicle/bicycle was wearing a helmet at the time of impact
- Protective Devices – **Seat Belt (SB)**: Patient was wearing a seat belt at the time of impact
- Protective Devices – **AirBag (AB)**: Airbag deployed at the time of impact and directly protected the patient
- Protective Devices – **Car Seat/Booster (CS)**: The patient was riding in a car seat or booster at the time of impact
- **Enclosed Veh. (EV)**: Patient involved in collision while in an enclosed vehicle, such as a an automobile, bus, or other enclosed motorized vehicle
- **Ejected (EJ)**: Patient was fully or partially thrown from a vehicle, including convertibles and trucks. Does **NOT** include motorcycles
- **EXtricated @ (EX)**: Time of day that the patient was removed from the vehicle when use of a pneumatic tool was required
- **Passenger Space Intrusion (PS)**: Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle, or greater than 18 inches into an unoccupied passenger space – check this box if amount of intrusion is not known or not specified by paramedics
- **12**: Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle – check this box when amount of intrusion is specified by paramedics
- **18** : Intrusion of greater than 18 inches into an unoccupied passenger space – check this box when amount of intrusion is specified by paramedics
- **Survived Fatal Accident (SF)**: The patient survived a collision where another person **in the same vehicle** was fatally injured
- **Impact > 20mph unenclosed (20)**: An unenclosed transport crash (e.g., skateboard, bicycle, horse, etc.) with an estimated impact greater than 20mph
- **Ped/Bike Run Over/Thrown/>20mph (RT)**: Pedestrian, bicyclist, or motorcyclist struck by an automobile and is thrown, run over, or has an estimated impact of greater than 20mph
- **Ped/Bike < 20mph (PB)**: A bicyclist or pedestrian is hit by a motorized vehicle with less than 20mph estimated impact
- **Motorcycle/Moped (MM)**: The patient was riding on a motorcycle or moped at the time of impact
- **SPorts/Rec (SP)**: Any injury that occurs during a sporting or recreational athletic activity, such as aerobics, football, jogging, etc.
- **ASsault (AS)**: Patient was physically assaulted (kicked, punched, strangled, etc.) by means other than stabbing or shooting
- **STabbing (ST)**: A sharp or piercing instrument (e.g. knife, broken glass, ice pick, etc.) caused an injury which penetrated the skin
- **GSW (GS)**: Gunshot Wound - injury was caused by discharge of a gun (accidental or intentional)
- **ANimal Bite (AN)**: The teeth of a human, reptile, dog, cat, or other animal inflicted an injury, whether or not the skin was punctured. Insect bites and bee stings are not considered animal bites, and should be coded as “Other”

- **CRush (CR):** Injury sustained as the result of external pressure being placed on body parts between two opposing forces
- **Special Considerations (SC):** Injured patient meets Special Considerations of age greater than 55 years, pregnancy > 20 weeks, or age greater than 65 years with a systolic BP of less than 110mmHg
- **AntiCoagulants (AC):** Injured patient is on anticoagulant medication other than aspirin (excludes minor extremity injury)
- **Telemetry Data (TD):** Vehicle telemetry data is encountered that is consistent with high risk of serious injury
- **FALL (FA):** Any injury resulting from a fall from any height
- **>15 ft. (>10 ft. Peds) (15):** A vertical, uninterrupted fall of greater than 15 feet for an adult or greater than 10 feet or 3 times the height of the child for a pediatric patient. This mechanism is a subcategory of "Fall." This does not include falling down stairs or rolling down a sloping cliff.
- **Self-Inflict'd/Accid. (SA):** The injury appears to have been accidentally caused by the patient
- **Self-Inflict'd/Intent. (SI):** The injury appears to have been intentionally caused by the patient
- **Electrical Shock (ES):** Passage of an electrical current through body tissue as a result of contact with an electrical source
- **Thermal Burn (TB):** Burn caused by heat
- **Hazmat Exposure (HE):** The patient was exposed to toxic or poisonous agents, such as liquids, gases, powders, foams, or radioactive material
- **Work- Related (WR):** Injury occurred while patient was working, and may be covered by Worker's Compensation
- **UNknown (UN):** The cause or mechanism of injury is unknown
- **OTher (OT):** A cause of injury that does not fall into any of the existing categories

### Additional Information

- Patients with a mechanism of injury documented must also have a trauma chief complaint code documented – and vice versa
- If the patient has multiple mechanisms of injury, enter in order of significance
- Check all that apply
- Mechanisms of injury listed in **red** meet trauma triage criteria for transport to the nearest available trauma center
- Mechanisms of injury listed in **blue** meet trauma guidelines for transport to the nearest available trauma center - strong consideration should be given to a trauma center destination

### Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- EMS Provider

# TIME EXTRICATED

---

## Definition

Time of day that the patient was removed from the vehicle when use of a pneumatic tool was required

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- Required if MOI= EX

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

**GCS/mLAPSS/LAMS**

# GLASGOW COMA SCALE- TIME

---

## Definition

Time of day when the patient's initial, and subsequent if applicable, Glasgow Coma Scale was performed

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** on all patients who are one year of age and older

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# EYE

---

## Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's initial and subsequent, if applicable, eye opening response to stimuli

## Field Values

- **4:** Spontaneous – opens eyes spontaneously, no stimuli required
- **3:** To Verbal – opens eyes only when spoken to or asked
- **2:** To Pain – opens eyes only in response to noxious stimuli such as sternal rub or nail bed pressure
- **1:** None – patient does not open eyes in response to noxious stimuli

## Additional Information

- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# VERBAL

---

## Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's initial and subsequent, if applicable, verbal response to stimuli

## Field Values – Adult and Verbal Pediatric Patients

- **5:** Oriented x 3 – patient is oriented to person, time, and place
- **4:** Confused – patient may respond to questions coherently, but is disoriented or confused
- **3:** Inappropriate – random words or speech unrelated to questions or conversation
- **2:** Incomprehensible – makes incoherent sounds or moans only
- **1:** None – patient has no verbal response to noxious stimuli

## Field Values – Infants and Toddlers

- **5:** Smiles and tracks objects, speech appropriate for age
- **4:** Cries but consolable, or confused
- **3:** Inconsistently consolable, or random words
- **2:** Moaning, incoherent sounds only
- **1:** No verbal response to noxious stimuli

## Additional Information

- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# MOTOR

---

## Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's initial and subsequent, if applicable, motor response to stimuli

## Field Values

- **6:** Obedient – obeys verbal commands / spontaneous purposeful movement
- **5:** Purposeful – purposeful movement is made in response to noxious stimuli (e.g., attempts to push away or grab source of stimuli)
- **4:** Withdrawal – withdraws body part from source of noxious stimuli
- **3:** Flexion –extremities move towards body core in response to noxious stimuli (decorticate posturing)
- **2:** Extension – extremities move away from body core in response to noxious stimuli (decerebrate posturing)
- **1:** None – patient has no motor response to noxious stimuli

## Additional Information

- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# GCS TOTAL

---

## Definition

Sum of the three numerical values documented for each element of the patient's initial and subsequent, if applicable, Glasgow Coma Scale score(s)

## Field Values

- One- or two-digit numeric value between 3 and 15

## Additional Information

- Maximum total score is 15, which is considered normal. Minimum score possible is 3, which may indicate severe or fatal brain injury
  - 3 to 8 may indicate severe brain injury
  - 9 to 13 may indicate moderate brain injury
  - 14 or 15 may indicate mild or no brain injury

## Additional Information

- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# NORMAL FOR PATIENT/AGE

---

## **Definition**

Patient's behavior, although not typical of most patients, is reported by family, caregivers, etc., to be the same as it was before the incident

## **Field Values**

- **Y:** Yes
- **N:** No

## **Additional Information**

- Can be used on patients who suffer from mental illness, dementia, developmental delays, etc. and on infants and children who are age appropriate

## **Uses**

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## **Data Source Hierarchy**

- Family member
- Caregiver
- EMS provider

# mLAPSS?

---

## Definition

Checkbox indicating whether or not patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria as defined in Reference 521 – Stroke Patient Destination

## Field Values

- **M:** Met
- **N:** Not met

## Additional Information

- mLAPSS criteria include:
  - Symptom duration of less than 6 hours
  - No history of seizures or epilepsy
  - Age  $\geq$  40
  - At baseline, patient is not wheel-chair bound or bedridden
  - Blood glucose value between 60 and 400mg/dL
  - Obvious asymmetry or unilateral weakness is observed in one or more of the following:
    - Facial Smile/Grimace
    - Grip
    - Arm Strength
- **Required** for all patients with a chief complaint of “LN” or with a destination of a Primary Stroke Center
- If mLAPSS performed, blood glucose value must also be documented
- Patients who meet mLAPSS criteria should have a LAMS performed. If the LAMS score is  $<$  4, patient should be transported to the nearest available primary stroke center. If the LAMS score is  $\geq$  4, the patient should be transported to the nearest available comprehensive stroke center

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# LAST KNOWN WELL DATE

---

## Definition

Date when the patient was last known to be well, symptom-free, at baseline, or usual state of health

## Field Values

- Collected as MMDDYYYY

## Additional Information

- **Required** for all patients with a “Y” value for “mLAPSS Met,” or with a destination of a primary or comprehensive stroke center for suspected stroke

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Family member
- Caregiver
- EMS provider

# LAST KNOWN WELL TIME

---

## Definition

Time of day when the patient was last known to be well, symptom-free, at baseline, or usual state of health

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- Mandatory field for all patients with a “Y” value for “mLAPSS Met,” or with a destination of a primary or comprehensive stroke center for suspected stroke

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Family member
- Caregiver
- EMS provider

# LAST KNOW WELL DATE AND TIME UNKNOWN

---

## Definition

The date and/or time the patient was last known to be well, symptom-free, at baseline, or usual state of health is not known

## Field Values

- **U** Unknown

## Additional Information

- Should be reported as valid field value or Not Applicable only

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Family member
- Caregiver
- EMS provider

# FACIAL DROOP

---

## Definition

The numerical value that corresponds to the presence, or absence, of a facial droop in a suspected stroke patient

## Field Values

- **0:** Absent
- **1:** Present

## Additional Information

- **Required** on all suspected stroke patients with a positive mLAPSS
- LAMS components are found on the back of the red copy

## Uses

- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# ARM DRIFT

---

## Definition

The numerical value that corresponds to the presence, or absence, of an arm drift in a suspected stroke patient

## Field Values

- **0:** Absent
- **1:** Drifts down
- **2:** Falls rapidly

## Additional Information

- **Required** on all suspected stroke patients with a positive mLAPSS
- If patient is unable to lift their arms, lift arms for the patient and observe either a slow drift down or a rapid fall
- LAMS components are found on the back of the red copy

## Uses

- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# GRIP STRENGTH

---

## Definition

The numerical value that corresponds to the quality of the grip strength in a suspected stroke patient

## Field Values

- **0:** Normal
- **1:** Weak grip
- **2:** No grip

## Additional Information

- **Required** on all suspected stroke patients with a positive mLAPSS
- LAMS components are found on the back of the red copy

## Uses

- Element necessary to calculate the overall LAMS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TOTAL SCORE

---

## Definition

Sum of the three numerical values documented for facial droop, arm drift, and grip strength in a suspected stroke patient

## Field Values

- One-digit numeric value between 0 and 5

## Additional Information

- A large vessel occlusion should be suspected in patients with a score of  $\geq 4$ , therefore these patients should be transported to the closest comprehensive stroke center
- Patients with a score  $< 4$  should be transported to the closest primary stroke center

## Additional Information

- **Required** on all suspected stroke patients with a positive mLAPSS
- LAMS components are found on the back of the red copy

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# THERAPIES

# THERAPIES

---

## Definition

Checkbox indicating what procedure(s) were performed on the patient

## Field Values

- **Back Blows/Thrust:** Performed for suspected foreign body obstruction
- **BVM:** Respirations are assisted with bag-valve-mask device
- **CO2:** Numeric value indicating the concentration of carbon dioxide measure by the capnometer during bag-valve-mask ventilation
- **Breath Sounds:** Assessment performed to determine efficacy of bag-valve-mask ventilation
- **Chest Rise:** Assessment performed to determine efficacy of bag-valve-mask ventilation
- **Existing Trach:** Reason why bag-valve-mask ventilation is performed
- **OP/NP Airway:** An airway adjunct was placed; circle which adjunct was used
- **Cooling Measures:** Cooling measures performed by removing clothing, applying cool, damp cloths, fanning patient, etc.
- **DRessings:** Dressing was applied to the patient by EMS personnel
- **Ice Pack:** An ice pack was applied to the patient by EMS personnel
- **TourniQuet:** A device for stopping the flow of blood through a vein or artery was applied to the patient by EMS personnel
- **Hemostatic Dressing:** A hemostatic dressing was applied to the patient by EMS personnel; for use by approved providers only
- **OX\_lpm:** Oxygen was delivered to the patient, specify the numeric value of the number of liters per minute in the space provided
- **NC:** Oxygen was delivered to the patient via nasal cannula
- **Mask:** Oxygen was delivered to the patient via oxygen mask
- **REstraints:** Restraints were applied to the patient and/or monitored by EMS personnel
- **Distal CMS Intact:** Circulation, motor function, and sensation of extremities were intact after restraint application or splinting
- **Spinal Motion Restriction:** Patient was placed in spinal motion restriction
  - **C-Collar:** Patient was placed in a c-collar
  - **Backboard:** Patient was placed on a backboard
- **CMS Intact – Before:** Circulation, motor function, and sensation were intact in all extremities prior to spinal immobilization
- **CMS Intact – After:** Circulation, motor function, and sensation were intact in all extremities after spinal immobilization
- **SPlint:** A splint was applied to the patient by EMS personnel
- **Traction Splint:** A traction splint device was applied to the patient by EMS personnel
- **SUction:** The patient's airway was suctioned by EMS personnel
- **BLd Gluc #1\_ #2:** The patient's initial, and subsequent if applicable, blood glucose measurement
- **CPAP \_\_cm H20, Time:\_\_:** Continuous positive airway pressure device was used to deliver oxygen to the patient; document beginning pressure (measured in cm H20) and time applied
- **FB Removal:** A foreign body was removed from the patient's airway via visualization and Magill forceps
- **IV\_\_g \_\_site:** IV access was established; document the gauge and site on the lines provided

- **IO\_\_g \_\_length:** IO access was established; document the gauge and length on the lines provided
- **Needle THoracostomy:** A needle thoracostomy was performed on the patient
- **Vagal M**aneuver: Technique performed in an attempt to slow down the patient's heart rate
- **TC** Pacing \_\_mA, \_\_bpm, Time\_\_: Transcutaneous pacing was initiated on the patient; document mA, rate (bpm), and time started on the lines provided
- **OT**her: EMS personnel perform a therapy that is not listed above

### **Additional Information**

- If the patient is in restraints, use the Comments section to document location of restraints, patient position, and quality of circulation distal to restraints
- Use the Comments section of the form to document the patient's response to therapies administered, any pressure adjustments made during CPAP administration, and the location of the placement of dressings, tourniquets, hemostatic dressings, and splints

### **Uses**

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

## TM #

---

### **Definition**

The team member number of the personnel who performed or attempted the procedure

### **Field Values**

- Numeric values only

### **Additional Information**

- If more than one team member performs the therapy, enter the number of the team member who initiated the therapy

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS Provider

# TRANSPORT

# BASE

---

## Definition

The three-letter-code for the base hospital contacted

## Field Values

<b>AMH</b>	Methodist Hospital of Southern California	<b>PIH</b>	Presbyterian Intercommunity Hospital
<b>AVH</b>	Antelope Valley Medical Center	<b>PVC</b>	Pomona Valley Hospital Medical Center
<b>CAL</b>	California Hospital Medical Center	<b>QVH</b>	Citrus Valley Medical Center Queen of the Valley Campus
<b>CSM</b>	Cedars Sinai Medical Center	<b>SFM</b>	Saint Francis Medical Center
<b>GWT</b>	Glendale Adventist Medical Center	<b>SJS</b>	Providence Saint Joseph Medical Center
<b>HCH</b>	Providence Holy Cross Medical Center	<b>SMM</b>	Saint Mary Medical Center
<b>HGH</b>	Harbor UCLA Medical Center	<b>TOR</b>	Torrance Memorial Medical Center
<b>HMH</b>	Huntington Hospital	<b>UCL</b>	Ronald Reagan UCLA Medical Center
<b>HMN</b>	Henry Mayo Newhall Hospital	<b>USC</b>	LAC + USC Medical Center
<b>LBM</b>	Long Beach Memorial Medical Center	<b>CNA</b>	Contact Not Attempted
<b>LCM</b>	Providence Little Company of Mary Hospital Torrance	<b>MAC</b>	Medical Alert Center
<b>NRH</b>	Northridge Hospital Medical Center	<b>PRO</b>	Protocol

## Additional Information

- Includes if base contact is made for medical control, destination decision, or notification of patient in route
- If base contact is not attempted, enter the three-letter code CNA
- If a Standing Field Treatment Protocol (SFTP) is used, enter the three-letter code PRO

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# PROTOCOL

## Definition

The four-digit numeric code of the SFTP used to treat the patient

## Field Values

General Advanced Life Support			
1202	General ALS		
Dysrhythmias			
1210	Non-Traumatic Cardiac Arrest (Adult)		
Medical			
1243	Altered Level of Consciousness	1249	Respiratory Distress
1244	Chest Pain	1250	Seizure (Adult)
1247	Overdose/Poisoning (Suspected)	1251	Stroke/Acute Neurological Deficits
1248	Pain Management	1252	Syncope
Pediatrics/Childbirth			
1261	Emergency Childbirth - Mother	1264	Pediatric Seizure
1262	Emergency Childbirth – Newborn		
Trauma			
1271	Burns	1277	Traumatic Arrest
1275	General Trauma		

<b>Community Paramedicine Pilot Project</b>			
1400	Meets Inclusion Criteria & Transported to an UCC	1404	Meets Inclusion Criteria But Patient Refused UCC
1401	Meets Inclusion Criteria But Not Transported to an UCC Due to Geography or Time Constraints	1405	Meets Inclusion Criteria But Outside the Normal UCC Operating Hours
1402	Meets Inclusion Criteria But the UCC is Closed Due to Saturation	1406	Patients Requiring Emergent Transfer From the UCC to an Acute-Care Facility
1403	Meets Inclusion Criteria But Refused by UCC MD		

## Additional Information

- Only approved providers may use Standing Field Treatment Protocols (SFTPs)
- More than one protocol can be used
- Protocol identified must match the patient's chief complaint

## Uses

- Allows for data sorting and tracking by protocol
- System evaluation and monitoring
- Epidemiological statistics

## Data Source Hierarchy

- EMS provider

# REC FAC

## Definition

The three letter code of the facility to which the patient was transported

## Field Values

<b>ACH</b>	Alhambra Hospital Medical Center	<b>GAR</b>	Garfield Medical Center
<b>AHM</b>	Catalina Island Medical Center	<b>GEM</b>	Greater El Monte Community Hospital
<b>AMH</b>	Methodist Hospital of Southern California	<b>GMH</b>	Glendale Memorial Hospital and Health Center
<b>ANH</b>	Anaheim Memorial Medical Center	<b>GSH</b>	Good Samaritan Hospital
<b>ARM</b>	Arrowhead Regional Medical Center (S. B. County)	<b>GWT</b>	Glendale Adventist Medical Center
<b>AVH</b>	Antelope Valley Hospital	<b>HBC</b>	Hyperbaric Chamber (NON-BASIC)
<b>BEV</b>	Beverly Hospital	<b>HCH</b>	Providence Holy Cross Medical Center
<b>BMC</b>	Brotman Medical Center	<b>HEV</b>	Glendora Community Hospital
<b>CAL</b>	California Hospital Medical Center	<b>HGH</b>	LAC Harbor-UCLA Medical Center
<b>CHH</b>	Children's Hospital Los Angeles	<b>HMH</b>	Huntington Hospital
<b>CHI</b>	Chino Valley Medical Center (San Bernardino County)	<b>HMN</b>	Henry Mayo Newhall Hospital
<b>CHO</b>	Children's Hospital of Orange County (Orange Co.)	<b>HWH</b>	West Hills Hospital and Medical Center
<b>CHP</b>	Community Hospital of Huntington Park	<b>ICH</b>	Citrus Valley Medical Center Intercommunity Campus
<b>CNT</b>	Centinela Hospital Medical Center	<b>KFA</b>	Kaiser Foundation - Baldwin Park
<b>CPM</b>	Coast Plaza Doctors Hospital	<b>KFB</b>	Kaiser Permanente Downey Medical Center
<b>CSM</b>	Cedars-Sinai Medical Center	<b>KFF</b>	Kaiser Foundation Hospital – Fontana (S.B. Co.)
<b>DCH</b>	PIH Health Hospital - Downey	<b>KFH</b>	Kaiser Permanente South Bay Medical Center
<b>DFM</b>	Marina Del Rey Hospital	<b>KFI</b>	Kaiser Permanente Irvine Medical Center
<b>DHL</b>	Lakewood Regional Medical Center	<b>KFL</b>	Kaiser Permanente Los Angeles Medical Center
<b>DHM</b>	Doctor's Hospital of Montclair (San Bernardino County)	<b>KFN</b>	Kaiser Foundation Ontario (S.B. Co.)
<b>ELA</b>	East Los Angeles Doctors Hospital	<b>KFO</b>	Kaiser Permanente Woodland Hills Medical Center
<b>ENH</b>	Encino Hospital Medical Center	<b>KFP</b>	Kaiser Permanente Panorama City Medical Center
<b>FHP</b>	Fountain Valley Hospital (Orange County)	<b>KFW</b>	Kaiser Permanente West LA Medical Center
<b>FHR</b>	Friendly Hills Regional Medical Center (Orange County)	<b>KHA</b>	Kaiser Foundation Hospital -Anaheim (Orange County)
<b>FPH</b>	Foothill Presbyterian Hospital	<b>LAG</b>	Los Alamitos Medical Center (Orange County)

<b>LBC</b>	Community Hospital of Long Beach	<b>SDC</b>	San Dimas Community Hospital
<b>LBM</b>	Long Beach Memorial Medical Center	<b>SFM</b>	Saint Francis Medical Center
<b>LBV</b>	Long Beach Veteran Administration (NON-BASIC)	<b>SGC</b>	San Gabriel Valley Medical Center
<b>LCH</b>	Lancaster Community Hospital	<b>SIM</b>	Simi Valley Hospital (Ventura County)
<b>LCM</b>	Providence Little Company of Mary Torrance	<b>SJD</b>	Saint Jude Medical Center (Orange County)
<b>LLU</b>	Loma Linda University Medical Center (San Bernardino County)	<b>SJH</b>	Providence Saint John's Health Center
<b>LPI</b>	La Palma Intercommunity Hospital (Orange County)	<b>SJO</b>	Saint John Regional Medical Center (Ventura County)
<b>LRR</b>	Los Robles Hospital and Medical Center (Ventura County)	<b>SJS</b>	Providence Saint Joseph Medical Center
<b>MCP</b>	Mission Community Hospital	<b>SMH</b>	UCLA Medical Center, Santa Monica
<b>MHG</b>	Memorial Hospital Gardena	<b>SMM</b>	Saint Mary Medical Center
<b>MID</b>	Olympia Medical Center	<b>SOC</b>	Sherman Oaks Hospital
<b>MLK</b>	Martin Luther King Jr. Community Hospital	<b>SPP</b>	Providence Little Company of Mary San Pedro
<b>MPH</b>	Monterey Park Hospital	<b>SVH</b>	St. Vincent Medical Center
<b>NOR</b>	Norwalk Community Hospital	<b>TOR</b>	Torrance Memorial Medical Center
<b>NRH</b>	Northridge Hospital Medical Center Roscoe Campus	<b>TRI</b>	Tri-City Regional Medical Center
<b>OTH</b>	Other (FACILITY NOT LISTED)	<b>TRM</b>	Providence Tarzana Medical Center Tarzana Campus
<b>OVM</b>	LAC Olive View Medical Center	<b>UCI</b>	University of California Irvine (Orange County)
<b>PAC</b>	Pacifica Hospital of the Valley	<b>UCL</b>	Ronald Reagan UCLA Medical Center
<b>PIH</b>	Presbyterian Intercommunity Hospital	<b>USC</b>	LAC + USC Medical Center
<b>PLB</b>	Pacific Hospital of Long Beach	<b>VHH</b>	Verdugo Hills Hospital
<b>PLH</b>	Placentia Linda Hospital (Orange County)	<b>VPH</b>	Valley Presbyterian Hospital
<b>PVC</b>	Pomona Valley Hospital Medical Center	<b>WHH</b>	Whittier Hospital Medical Center
<b>QOA</b>	Hollywood Presbyterian Medical Center	<b>WMC</b>	Western Medical Center Santa Ana (Orange County)
<b>QVH</b>	Citrus Valley Medical Center Queen of the Valley Campus	<b>WMH</b>	White Memorial Medical Center
<b>RCC</b>	Ridgecrest Regional Hospital (Kern County)	<b>WVA</b>	Veterans Administration Hospital of West Los Angeles (NON-BASIC)
<b>SAC</b>	San Antonio Community Hospital (S.B. Co.)		

<b>DISASTER RECEIVING FACILITIES ONLY</b>			
<b>BRH</b>	Barlow Respiratory Hospital	<b>NCH</b>	USC Kenneth Norris Jr. Cancer Center
<b>COA</b>	Silver Lake Medical Center	<b>PAM</b>	Pacific Alliance Medical Center
<b>COH</b>	City of Hope National Medical Center	<b>RLA</b>	LAC-Rancho Los Amigos
<b>LAC</b>	Los Angeles Community Hospital – Olympic	<b>TEM</b>	Temple Community Hospital
<b>HOL</b>	Southern California Hospital at Hollywood	<b>USH</b>	Keck Hospital of USC
<b>KMC</b>	Kern Medical Center		

**Additional Information**

- Receiving facility codes are found on the back of the yellow copy

**Uses**

- System evaluation and monitoring
- Epidemiological statistics

**Data Source Hierarchy**

- EMS provider

# VIA

---

## Definition

Checkbox indicating the type of transport unit used

## Field Values

- **ALS:** An Advanced Life Support Transport unit in which patient was accompanied by at least one paramedic
- **BLS:** Basic Life Support Transport unit in which patient was accompanied by EMTs only
- **Other:** Type of transport not listed above
- **Helicopter ETA:** Helicopter transport requested – indicate ETA of helicopter to scene
- **No Transport:** Patient was not transported (must indicate reason for no transport in the Comments Section)

## Additional Information

- If field value is “A”, “B”, or “H” then a receiving facility and destination (“Trans To”) must be documented
- If the patient signed out AMA, the “AMA” box should also be checked

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TRANS TO

---

## Definition

Checkbox indicating the actual destination of the patient

## Field Values

- **MAR:** Most Accessible Receiving facility (licensed basic emergency department) that can be reached in the shortest amount of time. Depending on traffic and geography, this may not necessarily be the closest facility. Must be documented for all patients regardless of actual destination
- **EDAP:** Most accessible Emergency Department Approved for Pediatrics approved to receive patients of less than or equal to 14 years of age
- **TC:** Most accessible Trauma Center approved to receive critically injured patients
- **PTC:** Most accessible Pediatric Trauma Center approved to receive critically injured pediatric patients of less than or equal to 14 years of age
- **PMC:** Most accessible Pediatric Medical Center approved to receive critically ill pediatric patients of less than or equal to 14 years of age.
- **STEMI:** Most accessible ST-Elevation Myocardial Infarction (STEMI) Receiving Center approved to receive patients with a suspected STEMI, or who have Return of Spontaneous Circulation (ROSC) following a non-traumatic cardiac arrest.
- **PrimARy Stroke Center:** Most accessible Primary Stroke Center approved to receive suspected stroke patients or patients with a positive mLAPSS exam.
- **Comprehensive StroKe Center:** Most accessible Comprehensive Stroke Center approved to receive patients with a positive mLAPSS exam and a LAMS score  $\geq 4$ .
- **PeriNatal:** Most accessible Perinatal Center approved to receive patients greater than or equal to 20 weeks pregnant.
- **SART:** Most accessible Sexual Assault Response Team facility approved to receive actual or suspected victims of sexual assault/abuse.
- **Other:** Licensed basic emergency department that may also appropriately receive the patient in addition to those listed above. Most frequently used when the closest facility is inaccessible (e.g., is requesting diversion.) The reason for using “Other” as a destination must be documented in the “Reason” section.

## Additional Information

- If patient was transported then a ‘Via’ and receiving facility value must be documented

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# REASON

---

## Definition

Checkboxes indicating the reason that the patient was transported to a facility other than the most accessible receiving facility or specialty center

## Field Values

- **No SC Required:** Patient does not meet criteria, requirements, or guidelines for transport to a specialty center
- **Criteria/Required:** Patient meets criteria or requirements for transport to a specialty center (EDAP, TC/PTC, or SRC)
- **Guidelines:** Patient meets guidelines for transport to a specialty center (TC/PTC, Perinatal, PMC, ASC, CSC, or SART)
- **Judgment (Provider/Base):** Patient does not meet specialty center criteria, requirements, or guidelines, but is transported to a specialty center based on Base or the Provider judgment; or, meets, but is not transported to a specialty center
- **EXtremis:** Patient is transported to the most accessible receiving facility because the severity of the injury/illness precludes transport to a specialty center (e.g. unmanageable airways, cardiopulmonary arrest (excluding traumatic penetrating torso injuries), etc.)
- **ED Saturation:** Most accessible receiving facility or EDAP has requested diversion due to emergency department saturation
- **No SC Access:** Specialty center not accessible due to transport time constraints or geography
- **Request by:** Patient is transported to a facility other than the most accessible receiving facility or specialty center by request from the patient, a family member, patient's private medical doctor (PMD), or other authorized person

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# AMA?

---

## Definition

Checkbox indicating whether the patient refused transport and signed out against medical advice

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- A patient refusing treatment or transport must sign the release on the back of the first page of the EMS Report Form; this release is not to be signed if the patient's condition does not warrant treatment or transportation

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

## CODE 3?

---

### Definition

Checkbox indicating whether the patient was transported to the receiving facility Code 3

### Field Values

- **Y:** Yes
- **N:** No

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- EMS provider

## **PATIENT INFORMATION**

# LAST NAME

---

## Definition

The patient's last name

## Field Values

- Free text

## Additional Information

- If Run Type=R , then the patient's last name must be documented

## Uses

- Patient identification
- Link between other databases

## Data Source Hierarchy

- Patient
- Family member
- Caretaker

# FIRST NAME

---

## Definition

The patient's first name

## Field Values

- Free text

## Additional Information

- If Run Type=R , then the patient's first name must be documented

## Uses

- Patient identification
- Link between other databases

## Data Source Hierarchy

- Patient
- Family member
- Caretaker

# MI

---

## **Definition**

The first letter of the patient's middle name

## **Field Values**

- Free text

## **Uses**

- Patient identification
- Link between other databases

## **Data Source Hierarchy**

- Patient
- Family member
- Caretaker

# DOB

---

## Definition

The patient's date of birth

## Field Values

- Collected as MMDDYYYY

## Additional Information

- Year must be after 1890

## Uses

- Patient identification
- Link between other databases

## Data Source Hierarchy

- Patient
- Family member
- Caretaker

# PHONE

---

## Definition

The patient's primary telephone number

## Field Values

- Free text

## Uses

- Patient identification

## Data Source Hierarchy

- Patient
- Family member
- Caretaker

# STREET NUMBER

---

## Definition

The street number of the patient's primary residence

## Field Values

- Free text

## Uses

- Epidemiological statistics

## Data Source Hierarchy

- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

# STREET NAME

---

## Definition

The name of the street of the patient's primary residence

## Field Values

- Free text

## Uses

- Epidemiological statistics

## Data Source Hierarchy

- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

## APT #

---

### **Definition**

The apartment number of the patient's primary residence

### **Field Values**

- Free text

### **Uses**

- Epidemiological statistics

### **Data Source Hierarchy**

- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

# CITY

## Definition

The city code of the patient's primary residence

## Field Values

<b>AA</b>	Arleta	<b>CR</b>	Crenshaw	<b>HY</b>	Hyde Park
<b>AC</b>	Acton	<b>CS</b>	Castaic	<b>IG</b>	Inglewood
<b>AD</b>	Altadena	<b>CT</b>	Century City	<b>IN</b>	City of Industry
<b>AE</b>	Arlington Heights	<b>CU</b>	Cudahy	<b>IR</b>	Irwindale
<b>AG</b>	Agua Dulce	<b>CV</b>	Covina	<b>JH</b>	Juniper Hills
<b>AH</b>	Agoura Hills	<b>CY</b>	Cypress Park	<b>JP</b>	Jefferson Park
<b>AL</b>	Alhambra	<b>DB</b>	Diamond Bar	<b>KG</b>	Kagel Canyon
<b>AN</b>	Athens	<b>DO</b>	Downey	<b>KO</b>	Koreatown
<b>AO</b>	Avocado Heights	<b>DS</b>	Del Sur	<b>LA</b>	Los Angeles
<b>AR</b>	Arcadia	<b>DU</b>	Duarte	<b>LB</b>	Long Beach
<b>AT</b>	Artesia	<b>DZ</b>	Dominguez	<b>LC</b>	La Canada Flintridge
<b>AV</b>	Avalon	<b>EL</b>	East Los Angeles	<b>LD</b>	Ladera Heights
<b>AW</b>	Atwater Village	<b>EM</b>	El Monte	<b>LE</b>	Leona Valley
<b>AZ</b>	Azusa	<b>EN</b>	Encino	<b>LF</b>	Los Feliz
<b>BA</b>	Bel Air Estates	<b>EO</b>	El Sereno	<b>LG</b>	Lake Hughes
<b>BC</b>	Bell Canyon	<b>EP</b>	Echo Park	<b>LH</b>	La Habra Heights
<b>BE</b>	Bellflower	<b>ER</b>	Eagle Rock	<b>LI</b>	Little Rock
<b>BG</b>	Bell Gardens	<b>ES</b>	El Segundo	<b>LK</b>	Lakewood
<b>BH</b>	Beverly Hills	<b>EV</b>	Elysian Valley	<b>LL</b>	Lake Los Angeles
<b>BK</b>	Bixby Knolls	<b>EZ</b>	East Rancho Dominguez	<b>LM</b>	La Mirada
<b>BL</b>	Bell	<b>FA</b>	Fairmont	<b>LN</b>	Lawndale
<b>BN</b>	Baldwin Hills	<b>FL</b>	Florence County	<b>LO</b>	Lomita
<b>BO</b>	Bouquet Canyon	<b>FO</b>	Fair Oaks Ranch	<b>LP</b>	La Puente
<b>BP</b>	Baldwin Park	<b>GA</b>	Gardena	<b>LQ</b>	LAX
<b>BR</b>	Bradbury	<b>GF</b>	Griffith Park	<b>LR</b>	La Crescenta
<b>BS</b>	Belmont Shore	<b>GH</b>	Granada Hills	<b>LS</b>	Los Nietos
<b>BT</b>	Bassett	<b>GK</b>	Glenoaks	<b>LT</b>	Lancaster
<b>BU</b>	Burbank	<b>GL</b>	Glendale	<b>LU</b>	Lake Hughes
<b>BV</b>	Beverly Glen	<b>GO</b>	Gorman	<b>LV</b>	La Verne
<b>BX</b>	Box Canyon	<b>GP</b>	Glassell Park	<b>LW</b>	Lake View Terrace
<b>BW</b>	Brentwood	<b>GR</b>	Green Valley	<b>LX</b>	Lennox
<b>BY</b>	Boyle Heights	<b>GV</b>	Glenview	<b>LY</b>	Lynwood
<b>BZ</b>	Byzantine-Latino Quarter	<b>GW</b>	Glendora	<b>LZ</b>	Lake Elizabeth
<b>CA</b>	Carson	<b>HA</b>	Hawthorne	<b>MA</b>	Malibu
<b>CB</b>	Calabasas	<b>HB</b>	Hermosa Beach	<b>MB</b>	Manhattan Beach
<b>CC</b>	Culver City	<b>HC</b>	Hacienda Heights	<b>MC</b>	Malibu Beach
<b>CE</b>	Cerritos	<b>HE</b>	Harvard Heights	<b>MD</b>	Marina Del Rey
<b>CH</b>	Chatsworth	<b>HG</b>	Hawaiian Gardens	<b>ME</b>	Monte Nido
<b>CI</b>	Chinatown	<b>HH</b>	Hidden Hills	<b>MG</b>	Montecito Heights
<b>CK</b>	Charter Oak	<b>HI</b>	Highland Park	<b>MH</b>	Mission Hills
<b>CL</b>	Claremont	<b>HK</b>	Holly Park	<b>MI</b>	Mint Canyon
<b>CM</b>	Compton	<b>HO</b>	Hollywood	<b>ML</b>	Malibu Lake
<b>CN</b>	Canyon Country	<b>HP</b>	Huntington Park	<b>MM</b>	Miracle Mile
<b>CO</b>	Commerce	<b>HR</b>	Harbor City	<b>MN</b>	Montrose
<b>CP</b>	Canoga Park	<b>HV</b>	Hi Vista	<b>MO</b>	Montebello

<b>MP</b>	Monterey Park	<b>RH</b>	Rolling Hills	<b>TI</b>	Terminal Island
<b>MR</b>	Mar Vista	<b>RK</b>	Rancho Park	<b>TJ</b>	Tujunga
<b>MS</b>	Mount Wilson	<b>RM</b>	Rosemead	<b>TL</b>	Toluca Lake
<b>MT</b>	Montclair	<b>RO</b>	Rowland Heights	<b>TO</b>	Torrance
<b>MU</b>	Mount Olympus	<b>RP</b>	Rancho Palos Verdes	<b>TP</b>	Topanga
<b>MV</b>	Monrovia	<b>RS</b>	Reseda	<b>TR</b>	Three Points
<b>MW</b>	Maywood	<b>RV</b>	Rampart Village	<b>TT</b>	Toluca Terrace
<b>MY</b>	Metler Valley	<b>RW</b>	Rosewood	<b>UC</b>	Universal City
<b>NA</b>	Naples	<b>SA</b>	Saugus	<b>UP</b>	University Park
<b>NE</b>	Newhall	<b>SB</b>	Sandberg	<b>VA</b>	Valencia
<b>NH</b>	North Hollywood	<b>SC</b>	Santa Clara	<b>VC</b>	Venice
<b>NN</b>	Neenach	<b>SD</b>	San Dimas	<b>VE</b>	Vernon
<b>NO</b>	Norwalk	<b>SE</b>	South El Monte	<b>VG</b>	Valley Glen
<b>NR</b>	Northridge	<b>SF</b>	San Fernando	<b>VI</b>	Valley Village
<b>NT</b>	North Hills	<b>SG</b>	San Gabriel	<b>VL</b>	Valinda
<b>OP</b>	Ocean Park	<b>SH</b>	Signal Hill	<b>VN</b>	Van Nuys
<b>OT</b>	Other	<b>SI</b>	Sierra Madre	<b>VV</b>	Val Verde
<b>PA</b>	Pasadena	<b>SJ</b>	Silver Lake	<b>VW</b>	View Park
<b>PB</b>	Pearblossom	<b>SK</b>	Sherman Oaks	<b>VY</b>	Valyermo
<b>PC</b>	Pacoima	<b>SL</b>	Sun Valley	<b>WA</b>	Walnut
<b>PD</b>	Palmdale	<b>SM</b>	Santa Monica	<b>WB</b>	Willowbrook
<b>PE</b>	Pacific Palisades	<b>SN</b>	San Marino	<b>WC</b>	West Covina
<b>PH</b>	Pacific Highlands	<b>SO</b>	South Gate	<b>WE</b>	West Hills
<b>PI</b>	Phillips Ranch	<b>SP</b>	South Pasadena	<b>WG</b>	Wilsona Gardens
<b>PL</b>	Playa Vista	<b>SQ</b>	Sleepy Valley	<b>WH</b>	West Hollywood
<b>PM</b>	Paramount	<b>SR</b>	San Pedro	<b>WI</b>	Whittier
<b>PN</b>	Panorama City	<b>SS</b>	Santa Fe Springs	<b>WK</b>	Winnetka
<b>PO</b>	Pomona	<b>ST</b>	Santa Clarita	<b>WL</b>	Woodland Hills
<b>PP</b>	Palos Verdes Peninsula	<b>SU</b>	Sunland	<b>WM</b>	Wilmington
<b>PR</b>	Pico Rivera	<b>SV</b>	Stevenson Ranch	<b>WN</b>	Windsor Hills
<b>PS</b>	Palms	<b>SW</b>	Sawtelle	<b>WO</b>	Westlake
<b>PT</b>	Porter Ranch	<b>SX</b>	South Central County	<b>WP</b>	Walnut Park
<b>PV</b>	Palos Verdes Estates	<b>SY</b>	Sylmar	<b>WR</b>	Westchester
<b>PY</b>	Playa Del Rey	<b>SZ</b>	Studio City	<b>WS</b>	Windsor Square
<b>QH</b>	Quartz Hill	<b>TA</b>	Tarzana	<b>WT</b>	Watts
<b>RB</b>	Redondo Beach	<b>TC</b>	Temple City	<b>WV</b>	Westlake Village
<b>RC</b>	Roosevelt Corner	<b>TD</b>	Tropico	<b>WW</b>	Westwood
<b>RD</b>	Rancho Dominguez	<b>TE</b>	Topanga State Park		
<b>RE</b>	Rolling Hills Estates	<b>TH</b>	Thousand Oaks		

## Uses

- Epidemiological statistics

## Data Source Hierarchy

- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

# PATIENT STATE

---

## Definition

The state of the patient's primary residence

## Field Values

<b>AK</b>	Alaska	<b>KS</b>	Kansas	<b>NM</b>	New Mexico	<b>WI</b>	Wisconsin
<b>AL</b>	Alabama	<b>KY</b>	Kentucky	<b>NV</b>	Nevada	<b>WV</b>	West Virginia
<b>AR</b>	Arkansas	<b>LA</b>	Louisiana	<b>NY</b>	New York	<b>WY</b>	Wyoming
<b>AZ</b>	Arizona	<b>MA</b>	Massachusetts	<b>OH</b>	Ohio	<b>AS</b>	American Samoa
<b>CA</b>	California	<b>MD</b>	Maryland	<b>OK</b>	Oklahoma	<b>FM</b>	Federated States of Micronesia
<b>CO</b>	Colorado	<b>ME</b>	Maine	<b>OR</b>	Oregon	<b>GU</b>	Guam
<b>CT</b>	Connecticut	<b>MI</b>	Michigan	<b>PA</b>	Pennsylvania	<b>MH</b>	Marshall Islands
<b>DC</b>	District of Columbia	<b>MN</b>	Minnesota	<b>RI</b>	Rhode Island	<b>MP</b>	Northern Mariana Islands
<b>DE</b>	Delaware	<b>MO</b>	Missouri	<b>SC</b>	South Carolina	<b>PR</b>	Puerto Rico
<b>FL</b>	Florida	<b>MS</b>	Mississippi	<b>SD</b>	South Dakota	<b>PW</b>	Palau
<b>GA</b>	Georgia	<b>MT</b>	Montana	<b>TN</b>	Tennessee	<b>UM</b>	US Minor Outlying Islands
<b>HI</b>	Hawaii	<b>NC</b>	North Carolina	<b>TX</b>	Texas	<b>VI</b>	Virgin Islands of the US
<b>IA</b>	Iowa	<b>NH</b>	New Hampshire	<b>UT</b>	Utah	<b>OT</b>	Other
<b>ID</b>	Idaho	<b>ND</b>	North Dakota	<b>VA</b>	Virginia		
<b>IL</b>	Illinois	<b>NE</b>	Nebraska	<b>VT</b>	Vermont		
<b>IN</b>	Indiana	<b>NJ</b>	New Jersey	<b>WA</b>	Washington		

## Uses

- Epidemiological statistics

## Data Source Hierarchy

- Patient
- Family member
- Caretaker
- EMS Provider

# PATIENT ZIP CODE

---

## **Definition**

The zip code of the patient's primary residence

## **Field Values**

- Five-digit numeric value

## **Uses**

- Epidemiological statistics

## **Data Source Hierarchy**

- Patient
- Family member
- Caretaker
- EMS Provider
- 9-1-1 or Dispatch Center

# MILEAGE

---

## Definition

Total mileage traveled from the incident to the receiving facility

## Field Values

- Numeric values only

## Additional Information

- Document according to your Agency's policy
- For billing purposes only

## Uses

- Billing purposes

## Data Source Hierarchy

- Internet based mapping program
- Auto-generated by the EMS provider's electronic capture device

# INSURANCE

---

## **Definition**

The patient's insurance company, if applicable

## **Field Values**

- Free text

## **Additional Information**

- Document according to your Agency's policy
- For billing purposes only

## **Uses**

- Billing purposes

## **Data Source Hierarchy**

- Patient

# HOSPITAL ID

---

## **Definition**

The patient's medical record or hospital identification number, if applicable

## **Field Values**

- Free text

## **Additional Information**

- Document according to your Agency's policy

## **Uses**

- Patient identification
- Link between other databases

## **Data Source Hierarchy**

- ED Records
- Other hospital records

# PMD NAME

---

## **Definition**

The name of the patient's private medical doctor (PMD), if known

## **Field Values**

- Free text

## **Additional Information**

- Document according to your Agency's policy

## **Data Source Hierarchy**

- Patient

## PARTIAL SS # (LAST 4 DIGITS)

---

### **Definition**

The last four digits of the patient's social security number

### **Field Values**

- Numeric values only

### **Additional Information**

- Document according to your Agency's policy

### **Uses**

- Billing purposes

### **Data Source Hierarchy**

- Patient

## **COMMENTS**

# COMMENT SECTION

---

## Definition

Area of form used to document critical run information that is not covered in other sections of the EMS Report Form

## Field Values

- Free text

## Additional Information

- Write a legible, brief but thorough summary of run
- List pertinent points and findings, including all unusual circumstances that affect patient care
- Use appropriate abbreviations only
- Use to provide a complete scene description, including time needed to secure the scene, approximate speed and/or damage to the vehicle, and distance of the fall and onto what type of surface
- Use to describe why no medical intervention was needed or reasons for an incomplete report or vital signs (BP cuff too small/large for patient's arm, etc.)
- State facts, avoid conclusions or inflammatory statements
- Expand on response to treatment, change in patient status, and information concerning restraints
- Use a Page 2 for runs requiring more space for additional medications, treatments, vitals, and/or comments

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# O/P,Q,R,S,T

---

## **Definition**

Acronym used as a tool to assess and document the following symptom attributes:

- O/P: Onset/Provocation
- Q: Quality
- R: Region/Radiation/Relief
- S: Severity
- T: Time

## **Field Values**

- Free text

## **Uses**

- Prompts thorough assessment and documentation of patient's symptoms
- Assists with determination of appropriate treatment and transport

## **Data Source Hierarchy**

- EMS provider

# HX

---

## **Definition**

Space to indicate previous medical problem(s) experienced by the patient, if applicable

## **Field Values**

- Free text

## **Uses**

- Prompts thorough assessment and documentation of patient's symptoms
- Assists with determination of appropriate treatment and transport

## **Data Source Hierarchy**

- Patient
- Family member
- Caretaker
- PMD

# ALLERGIES

---

## Definition

Checkbox and space to indicate patient history of adverse reactions or allergies to medications or other substances, if applicable

## Field Values

- Free text

## Additional Information

- Allergies to non-medication items may be listed if they are related to the current problem or potential treatments (e.g., adhesive tape, or latex)

## Uses

- Patient safety

## Data Source Hierarchy

- Patient
- Family member
- Caretaker
- PMD

# MEDS

---

## **Definition**

Space to indicate medications currently being taken by the patient, if applicable

## **Field Values**

- Free text

## **Additional Information**

- Indicate patient compliance, if applicable
- Include nonprescription drugs and herbal supplements

## **Uses**

- Assists with determination of appropriate treatment and transport

## **Data Source Hierarchy**

- Patient
- Family member
- Caretaker
- PMD

# SEDs IN PAST 48 HRS

---

## Definition

Checkboxes indicating whether or not patient has used sexually enhancing drugs (SEDs) within the past 48 hours

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- Use of SEDs must be assessed prior to ordering nitroglycerin for any patient

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Family member
- Caretaker

## **PHYSICAL SIGNS**

# PUPILS

---

## Definition

Checkboxes indicating the findings from assessment of the patient's initial pupillary response to light

## Field Values

- **PERL:** Pupils are equal in size and react to light
- **PI**npoint: Pupils are extremely constricted
- **S**luggish: Pupils react to light slower than normal
- **F**ixed/**D**ilated: Pupils are dilated and do not react to light
- **C**ataracts: Cataracts in one or both eyes interfere with pupil exam
- **U**nequal: Pupils are unequal in size
- **Pt's N**orm: Pupils are normal in size and reaction for patient

## Additional Information

- If a value of "N" is documented, another value must also be entered, for example "S"

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider

# RESP

---

## Definition

Checkboxes indicating findings from initial assessment of the patient's respiratory system

## Field Values

- **Normal rate/effort:** Breathing appears effortless and rate is within normal limits for patient
- **Clear:** No abnormal sounds are heard on auscultation
- **Wheezes:** Coarse, whistling sound heard on auscultation, associated with inspiration and/or expiration
- **RHonchi:** Coarse, rattling or snoring sound heard on auscultation, associated with inspiration and/or expiration
- **Unequal:** Chest rise or breath sounds diminished on one side
- **STridor:** High-pitched, audible wheezing sound associated with inspiration and/or expiration
- **Rales:** Rattling or crackling noises heard on auscultation, associated with inspiration
- **Snoring:** Prolonged snorting sound/soft palate vibration that is audible during inspiration
- **JVD:** Distended jugular veins are observed in the supine patient
- **Accessory Muscle Use (AMU):** Patient is using additional muscles to assist with difficulty breathing, such as those of the neck, shoulders, or abdomen
- **Labored:** Breathing appears to be difficult or requires extra effort
- **Apnea:** Patient is not breathing or stops breathing for periods of time
- **Tidal Volume:**
  - **N:** Normal depth of inspiration is observed
  - **+**: Increased depth of inspiration is observed
  - **-:** Decreased depth of inspiration is observed

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider

# SKIN

---

## Definition

Checkboxes indicating findings from assessment of the patient's initial skin signs

## Field Values

- **Normal:** All aspects of skin assessment (color, temperature, moisture, and appearance) are normal
- **Cyanotic:** Skin or lips appear blue
- **Flushed:** Skin appears red
- **Hot:** Skin feels warmer than normal or hot to touch
- **CoLd:** Skin feels cool or cold to touch
- **Pale:** Skin appears abnormally pale, ashen, or gray
- **Diaphoretic:** Skin is sweaty or moist to touch
- **Cap Refill NoRmal:** Capillary refill is less than or equal to 2 seconds
- **Cap Refill DElayed:** Capillary refill is greater than 2 seconds

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS Provider

# FIRST 12 LEAD TIME

---

## Definition

Time of day the first 12-lead ECG was performed

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** for all patients on whom a 12-lead ECG is performed
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, enter the 12-lead time from the STEMI ECG in this field
- **Do not** perform another 12-lead ECG if the clinic, doctor's office, or transferring hospital already has performed a 12-lead ECG indicating STEMI

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# SOFTWARE INTERPRETATION

---

## Definition

Checkbox indicating the software's interpretation of the first 12-lead ECG

## Field Values

- **Normal**: Electronic interpretation indicates ECG is normal
- **Abnormal**: Electronic interpretation indicates ECG is abnormal
- **STEMI**: Electronic interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer's equivalent

## Additional Information

- **Required** for all patients on whom a 12-lead ECG is performed
- If electronic interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, check the **STEMI** box in this field

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# EMS INTERPRETATION

---

## Definition

Checkbox indicating the EMS personnel's interpretation of the first 12-lead ECG

## Field Values

- **Normal**: EMS personnel interpretation indicates ECG is normal
- **Abnormal**: EMS personnel interpretation indicates ECG is abnormal
- **STEMI**: EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer's equivalent

## Additional Information

- **Required** for all patients on whom a 12-lead ECG is performed
- If EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, **do not** repeat the 12-lead ECG
- Every 12-lead ECG should be evaluated by EMS personnel, regardless of whether the ECG was performed by a clinic, doctor's office, transferring hospital, or EMS personnel

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider
- ECG strip

# ARTIFACT

---

## Definition

Checkbox indicating whether or not artifact is observed on the first 12-lead ECG tracing

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Electronic artifact interferes with accurate ECG interpretation and may indicate need to repeat ECG

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# WAVY BASELINE

---

## Definition

Checkbox indicating whether or not baseline of the first 12-lead ECG tracing moves with respiration

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Wavy baseline can interfere with accurate ECG interpretation and may indicate need to reposition leads and repeat ECG

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# PACED RHYTHM

---

## Definition

Checkbox indicating presence of a pacemaker-generated rhythm on the first 12-lead ECG tracing

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Pacemakers can interfere with accurate ECG interpretation and must be reported

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# TRANSMITTED?

---

## Definition

Checkbox indicating whether the first 12-lead performed was transmitted to the receiving facility

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 12-lead ECG is performed

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# SECOND 12 LEAD TIME

---

## Definition

Time of day the second 12-lead ECG was performed, if applicable

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, enter the 12-lead time from the STEMI ECG in this field
- **Do not** perform another 12-lead ECG if the clinic, doctor's office, or transferring hospital already has performed a 12-lead ECG indicating STEMI

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# SOFTWARE INTERPRETATION

---

## Definition

Checkbox indicating the software's interpretation of the second 12-lead ECG

## Field Values

- **Normal**: Electronic interpretation indicates ECG is normal
- **Abnormal**: Electronic interpretation indicates ECG is abnormal
- **STEMI**: Electronic interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer's equivalent

## Additional Information

- **Required** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed
- If electronic interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, check the **STEMI** box in this field

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# EMS INTERPRETATION

---

## Definition

Checkbox indicating the EMS personnel's interpretation of the second 12-lead ECG

## Field Values

- **Normal**: EMS personnel interpretation indicates ECG is normal
- **Abnormal**: EMS personnel interpretation indicates ECG is abnormal
- **STEMI**: EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer's equivalent

## Additional Information

- **Required** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed
- If EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, **do not** repeat the 12-lead ECG
- Every 12-lead ECG should be evaluated by EMS personnel, regardless of whether the ECG was performed by a clinic, doctor's office, transferring hospital, or EMS personnel

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider
- ECG strip

# ARTIFACT

---

## Definition

Checkbox indicating whether or not artifact is observed on the second 12-lead ECG tracing

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Electronic artifact interferes with accurate ECG interpretation and may indicate need to repeat ECG

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# WAVY BASELINE

---

## Definition

Checkbox indicating whether or not baseline of the second 12-lead ECG tracing moves with respiration

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Wavy baseline can interfere with accurate ECG interpretation and may indicate need to reposition leads and repeat ECG

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# PACED RHYTHM

---

## Definition

Checkbox indicating presence of a pacemaker-generated rhythm on the second 12-lead ECG tracing

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed where either the software or EMS interpretation indicates STEMI
- Pacemakers can interfere with accurate ECG interpretation and must be reported

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- ECG strip

# TRANSMITTED?

---

## Definition

Checkbox indicating whether the second 12-lead performed was transmitted to the receiving facility, if applicable

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** for all patients on whom a 2<sup>nd</sup> 12-lead ECG is performed

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

## **SPECIAL CIRCUMSTANCES**

# DNR/AHCD/POLST?

---

## Definition

Checkbox indicating presence of a valid DNR, Advance Healthcare Directive (AHCD), or Physician Order for Life Sustaining Treatment (POLST) form for the patient

## Field Values

- **Y:** Yes
- **N:** No

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Family member
- Caregiver
- EMS provider

# SUSPECTED ETOH?

---

## Definition

Checkbox indicating that statements by the patient, family, or bystanders and/or the situation and behavior suggest the patient has ingested alcohol

## Field Values

- Y: Yes

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Family member
- Caregiver
- EMS provider
- Bystander

# SUSPECTED DRUGS?

---

## Definition

Checkbox indicating that statements by the patient, family, or bystanders and/or the situation and behavior suggest the patient has used drugs

## Field Values

- Y: Yes

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Family member
- Caregiver
- EMS provider
- Bystander

# SUSPECTED ABUSE?

---

## Definition

Checkbox indicating whether family violence, neglect or abuse is suspected

## Field Values

- Y: Yes

## Additional Information

- Must be followed up with the appropriate reports per Los Angeles County Prehospital Care Manual Reference 822, Suspected Child Abuse/Neglect Reporting Guidelines, and Reference 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Patient
- Caregiver
- Family member
- EMS provider

# POISON CONTROL CONTACTED?

---

## Definition

Checkbox indicating whether poison control was contacted

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- Applies to poison control contact made by dispatch, EMS on scene, or family members prior to arrival of paramedics

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- 9-1-1 or Dispatch Center
- EMS provider
- Patient
- Family member
- Caregiver

## ≥ 20 WKS IUP?

---

### Definition

Checkbox indicating whether the patient is greater than or equal to twenty weeks of intrauterine pregnancy, if applicable

### Field Values

- **Y:** Yes
- **N:** No

### Additional Information

- Patients may only be able to provide the number of months, not weeks, of their pregnancy – in this case, pregnancies reported of greater than 4½ months can be assumed to be greater than 20 weeks
- Patients injured while pregnant meet trauma triage special considerations for transport to a trauma center due to risk to the fetus – not the mother

### Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

### Data Source Hierarchy

- Patient
- Family member
- Caregiver

**Definition**

Space indicating the number of weeks of intrauterine pregnancy, if applicable

**Field Values**

- Up to two-digit numeric value

**Uses**

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

**Data Source Hierarchy**

- Patient
- Family member
- Caregiver

# BARRIERS TO PATIENT CARE

---

## **Definition**

Specific barriers that may potentially impact patient care

## **Field Values**

- **H:** Hearing
- **P:** Physical
- **L:** Language
- **S:** Speech
- **O:** Other

## **Uses**

- Provides documentation of assessment
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## **Data Source Hierarchy**

- Patient
- Family member
- Caregiver
- EMS provider

# **CARDIAC ARREST**

# ARREST/ REASON FOR WITHHOLDING RESUSCITATION

---

## Definition

The details of the cardiac arrest to include the following: the person(s) who witnessed the cardiac arrest; who performed cardiopulmonary resuscitation; EMT performed defibrillation; resuscitation efforts and advanced airway attempts are initiated; indicates if pulses are present when EMS is performing cardiopulmonary resuscitation; and reason(s) for withholding cardiopulmonary resuscitation.

## Field Values

- **Witness Citizen:** Witnessed by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **Witness EMS:** Witnessed by EMS personnel
- **Witness None:** Not witnessed
- **Citizen CPR:** CPR was initiated by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **Citizen AED:** An AED was applied to the patient by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **EMS CPR @:** Time of day CPR was initiated by EMS personnel
- **Arrest to CPR:** Estimated time, in minutes, from the time of arrest to the time CPR is initiated
- **AED Analyze:** An AED is applied by EMS personnel and analyzed (no shocks administered)
- **AED Defibrillation:** An AED is applied by EMS personnel and one or more shocks are administered
- **ALS Resuscitation (use pg 2):** ALS resuscitation efforts are initiated or patient is pronounced dead by the base hospital physician; attach completed ALS Continuation Form
- **DNR/AHCD/POLST:** A valid DNR, Advance Healthcare Directive (AHCD), or Physician Order for Life Sustaining Treatment (POLST) form is present
- **T.O.R.:** Resuscitative measures are terminated by EMS personnel
- **ASY > \_\_min:** Mark if patient in non-traumatic cardiac arrest is estimated to have been in asystole without CPR for at least 10 minutes per Los Angeles County Prehospital Care Manual Reference 814
- **\_\_ Time of 814 Death:** Time of day patient is determined to be dead per Los Angeles County Prehospital Care Manual Reference 814
- **Rigor:** Rigor mortis is present
- **Lividity:** Post-mortem lividity is present
- **Blunt Trauma:** Mark for blunt trauma patients who, based on a paramedic's thorough patient assessment, are found apneic, pulseless, and without organized ECG activity (narrow complex supraventricular rhythm) upon the arrival of EMS personnel at the scene
- **Other:** The patient is determined dead per Reference 814 due to a reason not listed above (decapitation, incineration, decomposition, etc.)
- **Family \_\_ (signature):** The signature of the family member who requested resuscitation be withheld

**Additional Information**

- Mark all that apply

**Uses**

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

**Data Source Hierarchy**

- EMS provider

## **VITAL SIGNS**

# TIME

---

## **Definition**

Time of day the patient's vital signs are obtained

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

## TM #

---

### **Definition**

The number of the team member who obtained vital signs from the patient

### **Field Values**

- Free text

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

# BLOOD PRESSURE

---

## Definition

Numeric values of the patient's systolic and/or diastolic blood pressure

## Field Values

- Up to three-digit numeric value
- Documented as numeric systolic value / numeric diastolic value

## Additional Information

- If the blood pressure is palpated or not reported, write "P" for the diastolic value- blood pressure should only be palpated when environmental or other extenuating factors makes it impossible to accurately auscultate

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# PULSE

---

## **Definition**

Numeric value of the patient's palpated pulse rate

## **Field Values**

- Up to three-digit numeric value

## **Additional Information**

- Measured in beats palpated per minute
- If cardiac monitor shows a rhythm that does not produce signs of perfusion, rate is documented as "0"

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# RR

---

## **Definition**

Numeric value of the patient's unassisted respiratory rate

## **Field Values**

- Up to two-digit numeric value

## **Additional Information**

- Measured in breaths per minute
- If patient requires mechanical assistance, then unassisted rate is documented only, not the assisted rate

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

## O2 SAT

---

### **Definition**

Numeric value of the patient's oxygen saturation

### **Field Values**

- Up to three-digit percentage from 0 to 100

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

# PAIN

---

## **Definition**

Numeric value indicating the patient's subjective pain level

## **Field Values**

- Up to two-digit value from 0 to 10

## **Additional Information**

- Pain level should be assessed and recorded with each set of vital signs, whenever trauma or pain is the chief complaint, a mechanism of injury exists, and before and after administration of pain medication
- When assessing non-verbal patients the "Faces Pain Scale" may be used to obtain the corresponding numeric pain score
- The "Faces Pain Scale" assessment tool is on the back of the red copy

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# CO2

---

## **Definition**

Numeric value indicating the subsequent concentration of carbon dioxide measured by the capnometer, if applicable

## **Field Values**

- Up to three-digit value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

## **MEDICATION/ DEFIBRILLATION**

# TIME

---

## Definition

Time of day when medication or treatment was administered and/or when a subsequent 3-lead rhythm was read from the cardiac monitor

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- The exact time for each defibrillation/cardioversion, as well as the joules, must be noted separately

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

## TM #

---

### **Definition**

The number of the team member who administered medication or treatment to the patient and/or who read the subsequent 3-lead rhythm from the cardiac monitor

### **Field Values**

- Free text

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

# RHYTHM

---

## Definition

Two- or three-letter code indicating the patient's subsequent rhythm(s) on the cardiac monitor, if applicable

## Field Values

<b>1HB</b> First degree Heart Block	<b>AFI</b> Atrial Fibrillation
<b>3HB</b> Third degree Heart Block	<b>AGO</b> Agonal Rhythm
<b>AFL</b> Atrial Flutter	<b>AVR</b> Accelerated Ventricular Rhythm
<b>ASY</b> Asystole	<b>JR</b> Junctional Rhythm
<b>IV</b> Idioventricular Rhythm	<b>PAC</b> Premature Atrial Contraction
<b>PAT</b> Paroxysmal Atrial Tachycardia	<b>PEA</b> Pulseless Electrical Activity
<b>PM</b> Pacemaker Rhythm	<b>PST</b> Paroxysmal Supraventricular Tachycardia
<b>PVC</b> Premature Ventricular Contraction	<b>SA</b> Sinus Arrhythmia
<b>SB</b> Sinus Bradycardia	<b>SR</b> Sinus Rhythm
<b>ST</b> Sinus Tachycardia	<b>SVT</b> Supraventricular Tachycardia
<b>VF</b> Ventricular Fibrillation	<b>VT</b> Ventricular Tachycardia
<b>2HB</b> Second degree Heart Block	

## Additional Information

- Cardiac rhythm should be assessed, and documented here any time a change is noted, or after any cardiac-related treatments
- ECG Codes are found on the back of the red copy

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# MEDS/DEFIB

---

## Definition

The medication, defibrillation and/or cardioversion administered to the patient

## Field Values

<b>ADE</b> Adenosine	<b>DEF</b> Defibrillation
<b>AED</b> AED	<b>DOP</b> Dopamine
<b>ALB</b> Nebulized Albuterol	<b>EPI</b> Epinephrine
<b>AMI</b> Amiodarone	<b>FEN</b> Fentanyl
<b>ASA</b> Aspirin	<b>GLP</b> Oral Glucose Paste
<b>ATR</b> Atropine	<b>GLU</b> Glucagon
<b>BEN</b> Benadryl	<b>IVU</b> I.V. Unobtainable
<b>BIC</b> Sodium Bicarbonate	<b>MID</b> Midazolam
<b>CAL</b> Calcium Chloride	<b>MORPHINE</b> Morphine Sulfate
<b>CAR</b> Cardioversion	<b>NAR</b> Narcan
<b>COL</b> Glucola	<b>NS</b> Normal Saline
<b>D10</b> 10% Dextrose	<b>NTG</b> Nitroglycerin Spray
<b>D50</b> 50% Dextrose	<b>OND</b> Ondansetron
<b>D25</b> 25% Dextrose	<b>SL</b> Saline Lock

## Additional Information

- Each drug/defibrillation ordered should be written on a separate line so that dose and results can be clearly documented
- Medication/Defibrillation codes are found on the back of the red copy

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# DOSE

---

## **Definition**

The medication dosage administered or the joules delivered during defibrillation/cardioversion

## **Field Values**

- Free text

## **Additional Information**

- Include dose and unit of measurement: e.g., “1mg” or “300J”

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# ROUTE

---

## Definition

Two-letter code indicating the route of medication administration

## Field Values

- **IV:** Intravenous
- **IO:** Intraosseous
- **SQ:** Subcutaneous
- **IM:** Intramuscular
- **PO:** By Mouth (per os) / oral disintegrating tablets (ODT)
- **IN:** Intranasal/Inhalation (e.g, HHN)
- **SL:** Sublingual

## Additional Information

- Medication Route codes are found on the back of the red copy

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# RESULT

---

## Definition

The effect the medication or treatment had on the patient

## Field Values

- -: Deteriorated
- +: Improved
- N: No Change

## Additional Information

- When documenting the effects of pain medication, the numeric scale (not the up/down arrows) must be used
- Any adverse effects must be noted in the Comments Section

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

## **TRANSFER OF CARE**

# CONDITION ON TRANSFER

---

## **Definition**

Area of form used to document the patient's condition when care is transferred to another EMS provider or to a receiving facility

## **Field Values**

- Free text

## **Additional Information**

- Use this area to provide a brief summary of the patient's condition

## **Uses**

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# MORPHINE

---

## Definition

Amount of morphine given and wasted, if applicable

## Field Values

- Given: \_\_\_\_mg
- Wasted: \_\_\_\_mg

## Additional Information

- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# MIDAZOLAM

---

## Definition

Amount of midazolam given and wasted, if applicable

## Field Values

- Given: \_\_\_\_mg
- Wasted: \_\_\_\_mg

## Additional Information

- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# FENTANYL

---

## Definition

Amount of fentanyl given and wasted, if applicable

## Field Values

- Given: \_\_\_\_mcg
- Wasted: \_\_\_\_mcg

## Additional Information

- A registered nurse from the receiving facility who witnessed the wastage must print and sign their name in the space provided

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TOTAL IV FLUIDS RECEIVED

---

## **Definition**

The total amount of intravenous fluids the patient received prior to arrival at the receiving facility

## **Field Values**

- Up to four-digit numeric value

## **Additional Information**

- IV fluid challenge volume should also be documented here

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# CARE TRANSFERRED TO

---

## Definition

The level of care the patient was transferred to

## Field Values

- **ALS:** Care of the patient was transferred to an ALS provider
- **BLS:** Care of the patient was transferred to a BLS provider
- **Helicopter:** Care of the patient was transferred to the helicopter crew
- **Facility:** Care of the patient was transferred to the receiving facility

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TRANSFER VS TIME

---

## **Definition**

Time of day vital signs were obtained for transfer of care

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Uses**

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

## TM #

---

### **Definition**

The number of the team member who transferred care of the patient

### **Field Values**

- Free text

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

# BP

---

## **Definition**

Numeric values of the patient's systolic and/or diastolic blood pressure

## **Field Values**

- Up to three-digit numeric value
- Documented as numeric systolic value / numeric diastolic value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# PULSE

---

## **Definition**

Numeric value of the patient's pulse rate at transfer of care

## **Field Values**

- Up to three-digit numeric value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# RR

---

## **Definition**

Numeric value of the patient's unassisted respiratory rate at transfer of care

## **Field Values**

- Up to two-digit numeric value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

## O2 SAT

---

### **Definition**

Numeric value of the patient's oxygen saturation at transfer of care

### **Field Values**

- Up to three-digit percentage from 0 to 100

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

# CO2

---

## **Definition**

Numeric CO2 measurement from the capnometer at transfer of care

## **Field Values**

- Up to three-digit value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# RHYTHM

---

## Definition

Two- or three-letter code indicating the patient's subsequent rhythm on the cardiac monitor

## Field Values

<b>1HB</b> First degree Heart Block	<b>AFI</b> Atrial Fibrillation
<b>3HB</b> Third degree Heart Block	<b>AGO</b> Agonal Rhythm
<b>AFL</b> Atrial Flutter	<b>AVR</b> Accelerated Ventricular Rhythm
<b>ASY</b> Asystole	<b>JR</b> Junctional Rhythm
<b>IV</b> Idioventricular Rhythm	<b>PAC</b> Premature Atrial Contraction
<b>PAT</b> Paroxysmal Atrial Tachycardia	<b>PEA</b> Pulseless Electrical Activity
<b>PM</b> Pacemaker Rhythm	<b>PST</b> Paroxysmal Supraventricular Tachycardia
<b>PVC</b> Premature Ventricular Contraction	<b>SA</b> Sinus Arrhythmia
<b>SB</b> Sinus Bradycardia	<b>SR</b> Sinus Rhythm
<b>ST</b> Sinus Tachycardia	<b>SVT</b> Supraventricular Tachycardia
<b>VF</b> Ventricular Fibrillation	<b>VT</b> Ventricular Tachycardia
<b>2HB</b> Second degree Heart Block	

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# CPAP PRESSURE

---

## **Definition**

Numeric pressure reading from the CPAP device at transfer of care, if applicable

## **Field Values**

- Up to three-digit value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# GCS E

---

## Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's eye opening response to stimuli at transfer of care

## Field Values

- **4:** Spontaneous – opens eyes spontaneously, no stimuli required
- **3:** To Verbal – opens eyes only when spoken to or asked
- **2:** To Pain – opens eyes only in response to noxious stimuli such as sternal rub or nail bed pressure
- **1:** None – patient does not open eyes in response to noxious stimuli

## Additional Information

- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# GCS V

---

## Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's verbal response to stimuli at transfer of care

## Field Values – Adult and Verbal Pediatric Patients

- **5:** Oriented x 3 – patient is oriented to person, time, and place
- **4:** Confused – patient may respond to questions coherently, but is disoriented or confused
- **3:** Inappropriate – random words or speech unrelated to questions or conversation
- **2:** Incomprehensible – makes incoherent sounds or moans only
- **1:** None – patient has no verbal response to noxious stimuli

## Field Values – Infants and Toddlers

- **5:** Smiles and tracks objects, speech appropriate for age
- **4:** Cries but consolable, or confused
- **3:** Inconsistently consolable, or random words
- **2:** Moaning, incoherent sounds only
- **1:** No verbal response to noxious stimuli

## Additional Information

- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# GCS M

---

## Definition

The Glasgow Coma Scale numerical value that corresponds to the patient's motor response to stimuli at transfer of care

## Field Values

- **6:** Obedient – obeys verbal commands / spontaneous purposeful movement
- **5:** Purposeful – purposeful movement is made in response to noxious stimuli (e.g., attempts to push away or grab source of stimuli)
- **4:** Withdrawal – withdraws body part from source of noxious stimuli
- **3:** Flexion –extremities move towards body core in response to noxious stimuli (decorticate posturing)
- **2:** Extension – extremities move away from body core in response to noxious stimuli (decerebrate posturing)
- **1:** None – patient has no motor response to noxious stimuli

## Additional Information

- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# GCS TOTAL

---

## Definition

Sum of the three numerical values documented for each element of the patient's Glasgow Coma Scale score at transfer of care

## Field Values

- One- or two-digit numeric value between 3 and 15

## Additional Information

- Maximum total score is 15, which is considered normal. Minimum score possible is 3, which may indicate severe or fatal brain injury
  - 3 to 8 may indicate severe brain injury
  - 9 to 13 may indicate moderate brain injury
  - 14 or 15 may indicate mild or no brain injury
- **Required** on all patients who are one year of age and older
- Adult and pediatric Glasgow Coma Scales are found on the back of the red copy

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# SIGNATURE TM COMPLETING FORM

---

## **Definition**

Signature of the ALS team members who have primary responsibility for the patient or ALS/BLS members who have completed the form

## **Field Values**

- Free text

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# **ADVANCED LIFE SUPPORT CONTINUATION FORM**

# INCIDENT INFORMATION SECTION

---

## Definition

The top section of the ALS Continuation Form that needs to be completely filled out if an ALS Continuation Form is used

## Field Values

- Date: Date of the incident, enter in MMDDYYYY format
- Provider Code: Two letter code of the provider agency responding to the incident
- Unit: Unit letter and number designation for the responding provider unit
- Seq. #: Must exactly match the original EMS Form
- Sec. Seq. #: When applicable- should only be filled in when two provider agencies have participated in the run and each has completed their own EMS Report Form
- Patient Name: The patient's first and last name
- Incident #: Incident number assigned by the 911 or Dispatch Center

## Additional Information

- Complete each area accurately

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# VITAL SIGNS AND MEDICATION/DEFIB SECTION

---

## Definition

The section of the ALS Continuation Form that needs to be completely filled out when additional vital signs are taken or medications are given

## Field Values

### Vital Signs:

- Time: Time of day the patient's vitals are obtained
- SBP: Numeric value of the patient's systolic blood pressure
- DBP: Numeric value of the patient's diastolic blood pressure
- P: Numeric value of the patient's pulse rate
- R: Numeric value of the patient's unassisted respiratory rate
- SpO2: Numeric value of the patient's oxygen saturation
- Pain (0-10): Numeric value indicating the patient's subjective pain level

### Meds/Defib:

- Time: Time of day when medication or treatment was administered and/or when a subsequent 3-lead rhythm was read from the cardiac monitor
- TM#: The number of the team member who administered medication or treatment to the patient and/or who read the subsequent 3-lead rhythm from the cardiac monitor
- EKG: Two- or three-letter code indicating the patient's subsequent rhythm(s) on the cardiac monitor, if applicable
- Med/Defib: The medication, defibrillation, and/or cardioversion administered to the patient
- Dose: The medication dosage administered or the joules delivered during defibrillation/cardioversion
- Route: Two-letter code indicating the route of medication administration
- Result: The effect the medication or treatment had on the patient

## Additional Information

- Complete this section in the same way as the Vitals and Meds/Defib sections of the EMS Report Form

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# REASON FOR ADVANCED AIRWAY

---

## Definition

The reason(s) that the patient needs an advanced airway

## Field Values

- **Resp Arrest**
- **Cardiopulmonary Arrest**
- **HYpoventilation**
- **Profoundly Altered**
- **OTher**

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

## PM #

---

### **Definition**

The identification number of the team member who attempted endotracheal tube or King LTS-D placement on the patient

### **Field Values**

- Free text

### **Additional Information**

- The ALS Continuation Form has not been revised to reflect the discontinuation of the Combitube and the addition of the King LTS-D. Document the usage of the King LTS-D whenever “ETC” or “Combitube” is stated
- The format used for Paramedics is “P” followed by the L.A. County issued accreditation number– example P1234

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

# SUCCESS

---

## Definition

Checkbox indicating whether endotracheal tube or King LTS-D placement was successful

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- The ALS Continuation Form has not been revised to reflect the discontinuation of the Combitube and the addition of the King LTS-D. Document the usage of the King LTS-D whenever “ETC” or “Combitube” is stated

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TIME ET/ETC START

---

## Definition

Time of day endotracheal tube or King LTS-D placement attempt was started

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- The ALS Continuation Form has not been revised to reflect the discontinuation of the Combitube and the addition of the King LTS-D. Document the usage of the King LTS-D whenever “ETC” or “Combitube” is stated

## Uses

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TIME ET/ETC SUCCESS

---

## Definition

Time of day endotracheal tube/King LTS-D placement was successfully completed

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- The ALS Continuation Form has not been revised to reflect the discontinuation of the Combitube and the addition of the King LTS-D. Document the usage of the King LTS-D whenever “ETC” or “Combitube” is stated

## Uses

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# ETT SIZE

---

## **Definition**

The size of the endotracheal tube or King LTS-D placed

## **Field Values**

- Up to three-digit numeric value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# DIFFICULT AIRWAY TECHNIQUES

---

## Definition

Checkbox indicating techniques utilized to assist with endotracheal tube or King LTS-D placement

## Field Values

- Flex Guide
- Cricoid Pressure
- External Laryngeal Manipulation

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TUBE PLACEMENT MARK AT TEETH

---

## Definition

The centimeter mark at the teeth as a result of endotracheal tube or King LTS-D placement

## Field Values

- Two-digit numeric value

## Additional Information

- ETC Ventilating field is no longer in use

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# COMPLICATION(S) DURING TUBE PLACEMENT

---

## Definition

Checkbox indicating complications that occurred during endotracheal tube or King airway insertion

## Field Values

- **None:** No complications were encountered during advanced airway placement
- **Emesis/Secretions/Blood:** Excess emesis or secretions hampered advanced airway placement
- **Gastric Distention:** Gastric distention was observed
- **Clenching:** Patient clenched down as advanced airway placement was attempted
- **Anatomy:** Anatomical factors affected advanced airway placement
- **Gag Reflex:** Patient had a gag reflex, which hampered advanced airway placement
- **Other:** Other complications encountered that are not listed above

## Additional Information

- If “None” is marked, do not mark any other checkboxes
- If “None” is not marked, check all that apply

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# INITIAL ADVANCED AIRWAY PLACEMENT CONFIRMATION

---

## Definition

Checkbox indicating the method utilized to confirm correct endotracheal tube or King LTS-D placement

## Field Values

- **Bilateral Breath Sounds:** Patient had bilateral breath sounds following advanced airway placement
- **Bilateral Chest Rise:** Bilateral chest rise is observed following advanced airway placement
- **Absent Gastric Sounds:** No breath sounds are auscultated over the gastric area following advanced airway placement
- **EID No Resistance:** The EID is used to check advanced airway placement

## Additional Information

- Mark all that apply

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# CAPNOGRAPHY MEASUREMENT

---

## **Definition**

The numeric CO<sub>2</sub> measurement from the capnometer after endotracheal tube or King LTS-D placement

## **Field Values**

- Up to two-digit numeric value

## **Uses**

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# EtCO<sub>2</sub> DETECTOR COLORIMETRIC

---

## Definition

Checkbox indicating the color observed when the carbon dioxide colorimetric device is used after endotracheal tube or King LTS-D placement

## Field Values

- Yellow
- Tan
- Purple

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# WAVEFORM CAPNOGRAPHY

---

## **Definition**

Indicates whether or not a waveform is observed on the capnography tracing

## **Field Values**

- **Y:** Yes
- **N:** No

## **Additional Information**

- Attach a printout of the waveform Capnography to the ALS Continuation Form

## **Uses**

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

**ONGOING ADVANCED AIRWAY PLACEMENT  
CONFIRMATION**

# ONGOING VERIFICATION TIME

---

## Definition

Time of day endotracheal tube or King LTS-D placement is verified

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Uses

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# ONGOING VERIFICATION VALUE

---

## Definition

Checkbox indicating the result of the ongoing verification endotracheal tube or King LTS-D placement assessment

## Field Values

- **Continued Correct Placement:** Tube placement is correct upon reassessment
- **Suspected Dislodgement:** Tube seems to have dislodged upon patient movement

## Additional Information

- If dislodgment is suspected, comment on the measures taken to correct the situation (tube removed, patient re-intubated, etc.)

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TIME CARE TRANSFERRED

---

## Definition

Time of day care was transferred to another provider or hospital personnel

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Uses

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# CO<sub>2</sub>

---

## **Definition**

The numeric CO<sub>2</sub> measurement from the capnometer at transfer of care

## **Field Values**

- Two-digit numeric value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

## O2 SAT

---

### **Definition**

Numeric value of the patient's oxygen saturation at transfer of care

### **Field Values**

- Up to three-digit percentage from 0 to 100

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- EMS provider

# SPONTANEOUS RESPIRATIONS

---

## Definition

Checkbox indicating whether or not the patient had spontaneous respirations upon transfer of care

## Field Values

- **Y:** Yes
- **N:** No

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

**REASON ALS AIRWAY UNABLE**

# REASON(S) ALS AIRWAY UNABLE

---

## Definition

Checkboxes indicating the reason(s) an advanced ALS airway was unable to be inserted

## Field Values

- Positive **G**ag Reflex
- **A**natomy
- **B**lood/Secretions
- Unable to visualize **C**ords
- Unable to visualize **E**piglottis
- Equipment **F**ailure
- **L**ogistical/Environmental Issues

## Additional Information

- Mark all that apply
- Describe any logistical/environmental issues (patient access, safety hazards, etc.) encountered on the line provided
- If an advanced airway was not possible, the patient should be ventilated using a bag-mask-device

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# **CARDIAC ARREST/ RESUSCITATION**

# PULSES WITH CPR BY EMS

---

## Definition

Checkboxes indicating whether or not pulses are present when compressions are performed by EMS personnel

## Field Values

- **Y:** Yes
- **N:** No

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# RESTORATION OF PULSE TIME

---

## **Definition**

Time of day when return of spontaneous circulation (ROSC) occurred

## **Field Values**

- Collected as HHMM
- Use 24-hour clock

## **Additional Information**

- Document even if the pulses are lost prior to arrival at the receiving facility
- Patients with ROSC in the field should be transported to the nearest available STEMI Receiving Center (SRC)

## **Uses**

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# PRONOUNCED TIME

---

## Definition

Time of day when resuscitative measures were discontinued, either due to patient being pronounced dead by the base hospital or by EMS personnel decision to terminate resuscitation

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Uses

- Establishes care intervals and incident timelines
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# PRONOUNCED BY

---

## **Definition**

The name of the base hospital physician that pronounced the patient dead

## **Field Values**

- Free text

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# PRONOUNCED RHYTHM

---

## Definition

Two- or three-letter code identifying the cardiac rhythm reported when the patient was pronounced dead or resuscitation was terminated

## Field Values

AGO	Agonal Rhythm	PEA	Pulseless Electrical Activity
ASY	Asystole	VF	Ventricular Fibrillation
IV	Idioventricular Rhythm		

## Additional Information

- PEA is not a defined rhythm, but rather a finding that may be present at time of pronouncement where electrical activity and/or rhythm seen on the cardiac monitor does not produce a palpable pulse or auscultatable heartbeat

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# COMMENTS

---

## **Definition**

Area used to describe any special or unusual circumstances that may have occurred during the attempted resuscitation

## **Field Values**

- Free text

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

## **VERIFICATION OF TUBE PLACEMENT**

# RECEIVING FACILITY

## Definition

The three letter code of the facility to which the patient was transported

## Field Values

<b>ACH</b>	Alhambra Hospital Medical Center	<b>GWT</b>	Glendale Adventist Medical Center
<b>AHM</b>	Catalina Island Medical Center	<b>HBC</b>	Hyperbaric Chamber (NON-BASIC)
<b>AMH</b>	Methodist Hospital of Southern California	<b>HCH</b>	Providence Holy Cross Medical Center
<b>ANH</b>	Anaheim Memorial Medical Center	<b>HEV</b>	Glendora Community Hospital
<b>AVH</b>	Antelope Valley Hospital	<b>HGH</b>	LAC Harbor-UCLA Medical Center
<b>BEV</b>	Beverly Hospital	<b>HMH</b>	Huntington Hospital
<b>BMC</b>	Brotman Medical Center	<b>HMN</b>	Henry Mayo Newhall Hospital
<b>CAL</b>	California Hospital Medical Center	<b>HWH</b>	West Hills Hospital and Medical Center
<b>CHH</b>	Children's Hospital Los Angeles	<b>ICH</b>	Citrus Valley Medical Center Intercommunity Campus
<b>CHI</b>	Chino Valley Medical Center (San Bernardino County)	<b>KFA</b>	Kaiser Foundation - Baldwin Park
<b>CHP</b>	Community Hospital of Huntington Park	<b>KFB</b>	Kaiser Permanente Downey Medical Center
<b>CNT</b>	Centinela Hospital Medical Center	<b>KFF</b>	Kaiser Foundation Hospital - Fontana
<b>CPM</b>	Coast Plaza Doctors Hospital	<b>KFH</b>	Kaiser Permanente South Bay Medical Center
<b>CSM</b>	Cedars-Sinai Medical Center	<b>KFI</b>	Kaiser Permanente Irvine Medical Center
<b>DCH</b>	PIH Health Hospital - Downey	<b>KFL</b>	Kaiser Permanente Los Angeles Medical Center
<b>DFM</b>	Marina Del Rey Hospital	<b>KFO</b>	Kaiser Permanente Woodland Hills Medical Center
<b>DHL</b>	Lakewood Regional Medical Center	<b>KFP</b>	Kaiser Permanente Panorama City Medical Center
<b>DHM</b>	Doctor's Hospital of Montclair (San Bernardino County)	<b>KFW</b>	Kaiser Permanente West LA Medical Center
<b>ELA</b>	East Los Angeles Doctors Hospital	<b>KHA</b>	Kaiser Foundation Hospital -Anaheim (Orange County)
<b>ENH</b>	Encino Hospital Medical Center	<b>LAG</b>	Los Alamitos Medical Center (Orange County)
<b>FPH</b>	Foothill Presbyterian Hospital	<b>LBC</b>	Community Hospital of Long Beach
<b>GAR</b>	Garfield Medical Center	<b>LBM</b>	Long Beach Memorial Medical Center
<b>GEM</b>	Greater El Monte Community Hospital	<b>LBV</b>	Long Beach Veteran Administration (NON-BASIC)
<b>GMH</b>	Glendale Memorial Hospital and Health Center	<b>LCH</b>	Lancaster Community Hospital
<b>GSH</b>	Good Samaritan Hospital	<b>LCM</b>	Providence Little Company of Mary Torrance

<b>LPI</b>	La Palma Intercommunity Hospital (Orange County)	<b>SGC</b>	San Gabriel Valley Medical Center
<b>LRR</b>	Los Robles Hospital and Medical Center (Ventura County)	<b>SIM</b>	Simi Valley Hospital (Ventura County)
<b>MCP</b>	Mission Community Hospital	<b>SJD</b>	Saint Jude Medical Center (Orange County)
<b>MHG</b>	Memorial Hospital Gardena	<b>SJH</b>	Providence Saint John's Health Center
<b>MID</b>	Olympia Medical Center	<b>SJO</b>	Saint John Regional Medical Center (Ventura County)
<b>MLK</b>	Martin Luther King Jr. Community Hospital	<b>SJS</b>	Providence Saint Joseph Medical Center
<b>MPH</b>	Monterey Park Hospital	<b>SMH</b>	UCLA Medical Center, Santa Monica
<b>NOR</b>	Norwalk Community Hospital	<b>SMM</b>	Saint Mary Medical Center
<b>NRH</b>	Northridge Hospital Medical Center Roscoe Campus	<b>SOC</b>	Sherman Oaks Hospital
<b>OTH</b>	Other (FACILITY NOT LISTED)	<b>SPP</b>	Providence Little Company of Mary San Pedro
<b>OVM</b>	LAC Olive View Medical Center	<b>TOR</b>	Torrance Memorial Medical Center
<b>PAC</b>	Pacifica Hospital of the Valley	<b>TRI</b>	Tri-City Regional Medical Center
<b>PIH</b>	Presbyterian Intercommunity Hospital	<b>TRM</b>	Providence Tarzana Medical Center Tarzana Campus
<b>PLB</b>	Pacific Hospital of Long Beach	<b>UCI</b>	University of California Irvine (Orange County)
<b>PLH</b>	Placentia Linda Hospital (Orange County)	<b>UCL</b>	Ronald Reagan UCLA Medical Center
<b>PVC</b>	Pomona Valley Hospital Medical Center	<b>USC</b>	LAC + USC Medical Center
<b>QOA</b>	Hollywood Presbyterian Medical Center	<b>VHH</b>	Verdugo Hills Hospital
<b>QVH</b>	Citrus Valley Medical Center Queen of the Valley Campus	<b>VPH</b>	Valley Presbyterian Hospital
<b>RCC</b>	Ridgecrest Regional Hospital (Kern County)	<b>WHH</b>	Whittier Hospital Medical Center
<b>SAC</b>	San Antonio Community Hospital (San Bernardino County)	<b>WMH</b>	White Memorial Medical Center
<b>SDC</b>	San Dimas Community Hospital	<b>WVA</b>	Veterans Administration Hospital of West Los Angeles (NON-BASIC)
<b>SFM</b>	Saint Francis Medical Center		

### Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- EMS provider

# VERIFICATION TECHNIQUE(S)

---

## Definition

Checkbox indicating the technique(s) utilized by the receiving facility physician to confirm endotracheal tube or King LTS-D placement

## Field Values

- **V:** Visualization
- **A:** Auscultation
- **E:** EtCO<sub>2</sub>
- **X:** X-Ray

## Additional Information

- Technique may be identified by ED physician (or designee)
- May attach a copy of the waveform Capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# PATIENT DISPOSITION

---

## Definition

Checkbox indicating the emergency department disposition of the patient

## Field Values

- **E:** Expired in the Emergency Department
- **A:** Admitted or transferred to another facility

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# PLACEMENT

---

## **Definition**

The receiving facility physician's determination of the anatomical position of the endotracheal tube or King LTS-D placed by EMS personnel

## **Field Values**

- **T:** Tracheal
- **E:** Esophageal
- **R:** Right Main

## **Additional Information**

- May attach a copy of the waveform Capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# SIGNED VERIFICATION

---

## Definition

Checkbox indicating whether or not a signed verification of endotracheal tube or King LTS-D placement was obtained by EMS personnel

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- May attach a copy of the waveform Capnography printout as an alternate means of verifying tube placement (physician signature is not required if waveform is attached)

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# **MULTIPLE CASUALTY INCIDENT (MCI) FORM**

# INCIDENT INFORMATION SECTION

---

## Definition

The top section of the MCI Form that needs to be completely filled out if a MCI form is used

## Field Values

- Date: Date of the incident, enter in MMDDYYYY format
- Base Contact: Three-letter code of the base hospital contacted
- Total Patients: Total number of patients at the incident
- Inc. #: Incident number assigned by the 911 or Dispatch Center
- Location: Location of the incident
- Signature(s): Signature(s) of the ALS personnel completing the form
- Juris. Station: Fire station in whose jurisdiction the incident occurred
- Zip Code: Zip code of the incident location
- Prov: Two-letter code of the provider agency responding to the incident
- ALS/BLS: The highest capability of care for the responding provider unit
- Unit: The unit letter and number designation for the responding provider unit
- Disp: Time of day the provider was notified by dispatch of the incident
- Arrival: Time of day the responding unit arrived at the incident location
- At Pt: Time of day provider reached the patient at the incident location
- Left: Time of day provider left the incident location with the patient
- Team Member ID: The identification number of personnel involved in the patient's care

## Additional Information

- The first EMS provider on scene initiates the MCI form
- MCI form may be used for incidents involving three or more patients, each form should contain no less than three patient records
- Complete each area accurately
- This section **must** remain attached to all patient sections for the EMS Agency (yellow) copy. There is critical date and incident information that can only be found in this area. Detachment of the top section invalidates all patient documentation

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# PATIENT ASSESSMENT SECTION

---

## Definition

The section of the MCI Form where the patient assessment, patient's GCS, and triage category should be documented

## Field Values

- Sequence Number/Pt #: The sequence number assigned to the section of the MCI form and the patient number for the incident
- Triage Categories: Four categories which correspond to Triage Tags commonly used in LA County
- Age: The age and age units of the patient
- Gender: Checkbox indicating the patient's gender
- Triage Tag #: Number that corresponds to the printed number on the triage tag that is on the patient
- Patient Name: The patient's first and last name
- GCS: The patient's Glasgow Coma Scale
- Vital Signs: The patient's blood pressure (BP) or cap refill if using the START system, pulse, and respirations
- Chief Complaint: Two-letter code(s) representing the patient's most significant medical or trauma complaints
- Mech of Inj.: Two-letter code(s) indicating how the patient was injured
- Field Decontamination: Checkbox indicating that some form of field decontamination, such as showering, has occurred

## Additional Information

- Complete each area accurately

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# TREATMENT

---

## Definition

The section of the MCI Form that where treatments performed on the patient should be documented

## Field Values

- O2: O2 was delivered to the patient
- IV: An IV was placed on the patient
- Sp. Immobil.: Patient was placed in spinal motion restriction
- Meds: Medication was given to the patient, document medication name, dose, and route on the line provided

## Uses

- Assists with determination of appropriate treatment and transport
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider

# AMA

---

## **Definition**

Checkbox indicating that the patient signed out against medical advice

## **Field Values**

- **Y:** Yes
- **N:** No

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- EMS provider

# TRANSPORT SECTION

---

## Definition

The section of the MCI Form where the transport information related to the patient should be documented

## Field Values

- Transported By: Unit (ALS) - the number of the ALS unit that transported the patient  
Unit (BLS) - the number of the BLS unit that transported the patient  
Time: time of day the transporting unit left the scene with the patient
- Transported Via: Checkboxes indicating whether the patient was transported ALS, BLS, or not transported
- Rec Facility: Space to write in the three-letter code that corresponds to the facility to which the patient was transported
- Trans To: Checkbox indicating the destination of the patient

## Uses

- Assists with determination of appropriate treatment and transport
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- EMS provider